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ORIGINAL LECTURES.

CLINICAL LECTURES

ON INHERITED SYPHILIS.

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LECTURE II.

GENTLEMEN:—The subject of inherited syphilis engaged our attention when I last had the pleasure of meeting you; and, as that topic was by no means exhausted upon that occasion, I shall return to it this morning. The first case which I have to show you to-day is a very interesting one, because it furnishes a good representation of what is said to be a rare syphilitic lesion.

Case V.—Inherited Syphilis; Rupial Eruption on the Forearm; Dactylitis Syphilitica.—Mary W., colored, aged 11 years. Her father is a healthy man. Her mother had no other children. Her mother died when Mary was eight weeks old, and is said to have been intemperate and to have led a loose life. She (the mother) suffered from skin-eruptions before death, but no other account of syphilis could be obtained. During infancy, Mary was a very puny child, but we have no positive information in regard to her condition. When she was two years old, she had an eruption on the skin, which her grandmother says appeared as large red blisters, which afterwards became white and broke, when thick crusts formed over them. When these scabs were removed, there were ulcers beneath them. This eruption became general, and was accompanied by oval, elevated patches about the vulva, which, from the grandmother's description, were mucous patches.

She was first admitted to the hospital in May, 1870. At that time there was some enlargement of the lymphatic glands upon the right side of the neck, while the left shoulder, arm, and forearm were covered by well-developed rupial crusts.

These were the remnants of the skin-disease which appeared when she was two years old.

After remaining in the hospital for nearly a year, she was discharged without being improved. In December, 1871, she was readmitted. Some months before this time (the exact date cannot be determined) some of the fingers on her left hand began to swell, and when she was admitted her middle and ring fingers were much enlarged and very tense. In the middle finger the induration did not extend beyond the first phalangeal articulation, but it involved this with the proximal phalanx. In the ring finger the induration extended beyond and involved the most of the second phalanx. The swelling was firm, but not painful, and the affected part was not hotter than the surrounding surface. The rupia was gradually extending downward, and she now had a crust upon the back of the hand.

Present condition, May 29, 1872.—Upon various parts of the body she presents scars of the previous skin-disease. The angles of the mouth are fissured and puckered. On the left cheek is a large rupial crust. The left forearm and back of the hand are covered with the crusts and cicatrices of rupia. The former are from one inch to two inches in diameter. The proximal phalanges of the middle and little fingers of the left hand, and the phalangeal articulation of the former, are much swollen. This is more manifest upon the dorsal than upon the palmar surface, and the former is broader than the latter. The skin over the affected parts is tense, the folds in it are effaced, and the mobility of these fingers is much impaired. The child does not complain of pain in them. They may be firmly pressed or moved without objection upon her part. There is no crepitation in the movement of the joints. The

outlines of the phalanges are defined with difficulty, owing to the firmness and tenseness of the swelling, but they appear to be slightly thickened, though it is evident that the increase in the size of the fingers is mainly due to disease of the tissues between the skin and the bones. The hand applied to these parts detects no elevation of temperature. The ring finger is much shortened, so that its distal extremity reaches just beyond the proximal phalangeal articulation of the middle finger. It is a quarter of an inch shorter than the little finger. This deformity is due to destruction of the whole of the proximal phalanx. The metacarpal extremity of the middle phalanx has been destroyed, as well as a small part of the distal end of the metacarpal bone itself. In consequence, though she retains but little control over it, the mobility of the member is very great. The nails on all the fingers are perfect and healthy.

The bridge of the nose is not depressed. She has commencing interstitial keratitis in one eye. Her teeth are moderately well formed, but the upper central incisors are imperfectly developed and slightly notched.

The symptoms of this patient are minutely described, because the condition of the hand is said to be a rare one. There can be no doubt that the girl has congenital syphilis, although the history is not positive in regard to it. But, without any direct investigation of this point, I do not hesitate to accept this view of the case, because the teeth are imperfectly developed, and she has commencing interstitial keratitis.

I shall not say anything in regard to the rupial eruption upon the forearm and dorsal surface of the hand, because, striking as this may be, and interesting as it is in connection with the congenital disease, my colleagues of the surgical staff can show you better examples of it in cases of acquired syphilis. But I do direct your especial attention to the appearance of the fingers, the description of which you now have the opportunity of verifying for yourselves. This lesion of the hand is known as dactylitis syphilitica, and occurs in the later stages of both the inherited and the acquired disease. The first description of this curious condition was written by Chassaing, in 1859; but the most elaborate account of it was published by Dr. R. W. Taylor, of New York, in the *American Journal of Syphilography and Dermatology* for January, 1871. Before that time, only five cases of the disease had been fully described. To this number Dr. Taylor added two others. Since then, Dr. Smith, of Ohio,* and Dr. Wigglesworth, of Boston,† have each reported a case. Mr. Morgan, of Dublin, in his recent work,‡ describes the affection, and mentions having met with three cases of it.

This girl presents what seem to be the ordinary characters of dactylitis. I call your attention to the fact that the swelling involves but a part of the affected fingers,—that is, the proximal phalanx and its phalangeal articulation. You notice, too, that the swelling of the dorsal is greater than that of the palmar surface of these, so that upon transverse section the cut surface would present an imperfectly triangular outline. From the history which has been read to you, you have learned that the disease of the fingers has existed for some time. She has been quite six months under observation, and we have reason to believe that it had been progressing for two months before she entered this hospital. In the only other case of syphilitic dactylitis that I have had the opportunity of observing, it has run the same chronic course; and Dr. Taylor likewise speaks of this peculiar chronicity of the disease. Its progress seems to be but little influenced by treatment. Another interesting feature of this case is, that the affection

* *American Journal of Syphilography and Dermatology*, Jan. 1872.

† *Ibid.*, April, 1872.

‡ *Practical Lessons in the Nature and Treatment of Contagious Diseases*, London, 1872, p. 231.

of the fingers seems to produce but little suffering. You see how I handle them, and how little she complains. During the whole of the last six months you would never have known from the child herself that anything was the matter with her hand, though during that time some of the bones of the ring finger were destroyed. The same peculiarities characterized another case of dactylitis, which I shall presently show you.

Some of you, no doubt, suppose that this condition is due to disease of the bones of the fingers, or, in other words, that the child has suffered from nodes of the phalanges. Such is by no means the case. In reading the history I particularly emphasized the statement, that the outlines of the phalanges of the middle and ring fingers could be defined with difficulty, but that the swelling did not appear to be due to any disease of these bones. Dr. Taylor describes two forms of this manifestation of syphilis, one of which seems to begin in the bone and the other in the connective and fibrous tissues of the part. This case appears to belong to the latter class, though, if the truth be told, the two varieties are but stages of the same condition. It seems to be a form of gummy tumor, the morbid material of which is produced in the connective and fibrous tissues of the fingers. In some instances, as in this one, the swelling involves only one phalanx; in others, it affects the whole finger, increasing its size uniformly; while in still others, the swelling is confined to the joints in the early stages of the disease. Nor does dactylitis affect the fingers alone; for it sometimes attacks the toes.

Though the bone may not be involved in the first stages of the disease, dactylitis may lead to its destruction; and indeed it has done so in this girl, for you see that the ring finger is shorter than the little one, that it can be freely moved backwards and forwards, and that it presents a peculiar wrinkled appearance, which is due to destruction of the whole of the proximal and a portion of the metacarpal extremity of the middle phalanx. Precisely the same condition is represented in the next patient, whom I show you as an example of recovery from dactylitis syphilitica.

Case VI.—Inherited Syphilis; Dactylitis Syphilitica; Hutchinson's Teeth.—W. H. H., aged 10 years, colored, has been an inmate of the hospital from infancy. Five years ago he suffered severely from nodes on the humerus, ulna, and other parts of the body, with dactylitis, which suppurated after a long period of inactivity, and destroyed the whole of the proximal phalanx of the ring finger on the right hand. The disease is now entirely inactive, but the affected finger is a mere stump, which scarcely reaches the second joint of the little finger.

In both of these children you see that the dactylitis has appeared as one of the late manifestations of inherited syphilis. This is not always true; for Taylor quotes the case of Archambault,—an infant in whom this was one of the early symptoms of the disease. Dr. T. C. Smith since then described a case* in which dactylitis set in when the infant was only six weeks old. These are probably the only examples of the kind upon record; for Taylor, when he wrote, in January, 1871, believed Archambault's case to be unique.

From what I have said, you have been led to infer that dactylitis syphilitica is a rare affection. This is the opinion of Dr. Taylor; but I may say that my colleague, Dr. Maury, tells me that it is his opinion that Taylor has exaggerated its rarity. Dr. Maury tells me that he has seen a large number of these cases, both among persons having acquired and those having congenital syphilis.*

While I have this patient in the room, I desire to direct your attention to another symptom of inherited syphilis. It is one which has attracted a good deal of

attention recently. If you inspect this boy's mouth, you find that the incisor teeth are imperfectly developed, and that their free extremities are notched, and smaller than the bases of the teeth. To Mr. Hutchinson is due the credit of pointing out the significance of this physical sign. Now, these are not typical examples of Hutchinson's teeth, which, when perfect, are smaller, more notched, and have more contracted crowns than these have. You see, too, that the adjoining teeth of the upper, and the middle ones of the lower jaw, present the same peculiarities in a slight degree; but you must remember that it is not among these that you are to seek for these alterations. Mr. Hutchinson has insisted upon the fact that the permanent central incisors of the upper jaw are the ones which are valuable for diagnosis, and you must further remember that he attaches no importance whatever to the various other irregularities in the position and shape of the teeth, which so often occur. The peculiarities to which I have alluded are important, viz.: First, instead of the free edge of the crown of the tooth being the broader, as it is normally, the widest portion is next the gum. Second, the free margin is notched or crescentic. These teeth are rarely present in more than one of the same family of children, and this is usually the one first born with congenital syphilis.

This symptom is wanting in several of the patients who have been before you. In this one (Case V.), M. W., the teeth are by no means perfect, but the alterations are not characteristic,—only sufficient to arouse suspicion of congenital syphilis. In Case II., E. H., the teeth are likewise imperfect.

While in Case IV., P. K., they are large and well developed, his sister (Case III.) has not yet cast her milk-teeth. From what I show you this morning, you see that there is no uniformity in the presence of Hutchinson's teeth; and, to state briefly my own convictions in regard to the matter, I would say that, so far as my present experience shows, these dental changes, when they are present, are absolutely pathognomonic of congenital syphilis, but that they are often absent. It is another element which will aid you in diagnosis, but which, like all other prominent symptoms of disease, is sometimes unavailable, because it is not present. This last fact is easily accounted for if Mr. Hutchinson's view of its causation is correct. He believes it to be due to inflammation of the alveolar process of the jaw, and, just as it is with iritis, keratitis, and various other conditions, the disease may run its course without the inflammation being developed.

Before dismissing the consideration of the symptoms of congenital syphilis, I wish to impress upon your minds the fact that the tertiary lesions, of which you have seen such striking examples, are by no means common. It is exceedingly rare for bone-disease to occur during infancy. I have only once met with it in a child under two years old; it was in a boy of about fifteen months.

When Diday published his work upon infantile syphilis (New. Syd. Soc. ed., London, 1859), he stated that there were not upon record more than half a dozen authenticated cases of syphilitic bone-disease in infants. Mr. Hutchinson relates another (*loc. citat.*, p. 185).

There is a question connected with this disease which is very interesting, and at the same time very important in its practical bearings. The first patient whom I showed you undoubtedly inherited syphilis from her mother. The same is true of two others; while the histories of the remainder are indefinite upon this point. In none have we any direct account of the father having transmitted the disease. This in hospital practice is the ordinary history; but you must not accept this as conclusive, for it must be manifest to you that we have to contend with many difficulties in obtaining a correct

* *Amer. Jour. Syphilog. and Dermatology*, Jan. 1872, p. 33.

account of the origin and progress of disease in many of our little patients. Still, I am inclined to believe that the influence of the two parents in the transmission of the affection differs, and I am convinced, from the diverse statements of authors upon this point, that the subject demands reinvestigation. For example, Mr. Hutchinson (*loc. citat.*, p. 208) holds that a child will inherit syphilis in as severe a form from the father as from the mother, and I believe that I am not misstating the truth when I say that this is the opinion of most other authorities. On the other hand, Prof. Boeck (*American Journal of Syphilography and Dermatology*, Jan. 1870, p. 16) states that the disease is rarely, and Mr. Cullerier (*Mém. de la Société de Chirurgie*, tome iv., and *Archives Générales de Méd.*, Sept. 1854) believes that it is never, transmitted from the father to the child. A recent and very able writer on this subject, Mr. Morgan, of Dublin (*Contagious Diseases, etc.*, 12mo, London, 1872), thinks that the influence of the father has been much exaggerated.

I have for some time availed myself of every opportunity to try to obtain information upon this subject, and, while I may subsequently have to modify my opinions in regard to it, I cannot but believe that the mother is much more likely than the father to transmit syphilis to the children, and that, as Mr. Morgan says, the influence of the father has been exaggerated. On the other hand, I do not want you to understand me as saying, with M. Cullerier, that syphilis cannot be inherited from the father. I cannot at present commit myself to any such doctrine; for I have seen more than one sad instance in which men seem to have begotten syphilitic children.

It is important that you should inform yourselves thoroughly upon this subject, for gentlemen who have been relieved of secondary symptoms will hereafter consult you in regard to the propriety of marriage. Every physician with any experience can point to numerous examples of this kind. It becomes you, therefore, to be able to give a reliable opinion in regard to it; and I beg you, I beseech you, gentlemen, to remember that when a man has once had constitutional syphilis, you cannot in the present state of our knowledge say positively that he will not procreate a diseased child, no matter if he seems to have fully recovered. You may feel assured that he probably will not, and, more, you may be certain that the probabilities are reduced to a minimum, but, as we now understand these matters, you are not justified in giving a positive opinion in regard to this subject. If a man has once had constitutional syphilis, we do not doubt that under certain circumstances the poison may be eradicated so far as to prevent his begetting a diseased child; but we have as yet no reliable means of judging when this is the case.

If your opinion be asked upon this important question, it is your duty to give it clearly and truthfully, without regard to the feelings of your patient. It is your duty to yourselves, to your interrogator, and to his prospective children. But when you have told him all this, you have only performed a portion of your work. You have seen only one side of the dark picture. This is a cloud which has no silver lining. Not only is a man who is affected with constitutional syphilis to be told that he may transmit the disease to his children, but he is likewise to be informed that his wife may contract it from him, or from the child in her womb, and that he may in the future have to bear the terrible trial of seeing her suffer from secondary and tertiary syphilis.

I know that there is not one of you who will not shrink from such a trying position as this is. With a human being before you in whose heart burn the same passions, the same loves and hates, that move you, you will feel tempted to put the case in the most favorable light.

But, gentlemen, tell the simple truth, remembering the delicacy of your position and the dignity of your calling, —remembering that in your decision are involved the life and comfort of unborn children, the health and happiness of a woman who is about to give her heart's best treasures into another's keeping.

The study of the etiology, and the laws which govern the transmission, of hereditary syphilis is one of the most interesting and important subjects in connection with the disease. Its elucidation, however, is attended with many difficulties. These are increased by the existing disagreements among surgeons and physicians in regard to the acquired affection. This varies much in different cases, both in severity and the order of succession of symptoms. The severity and type of the disease in the child are no doubt influenced by these circumstances in the parent. They are, we have every reason to believe, as potentially influenced by the time which has elapsed after the infection of the parents, or by the treatment to which they have been submitted. Where so many elements enter into the consideration of a question, and where their proper appreciation depends so much upon the judgment of the observer, the subject cannot but be surrounded with many difficulties. These are increased, too, by the moral and social peculiarities of the case. Though the disease has set its stigma upon either the parent or the child, the former will often hesitate a long time before acknowledging the truth in regard to it. A man or a woman who would scorn to tell an untruth in regard to anything else will persist in the most unblushing falsehoods in relation to any sexual disorders. And again, the physician, when he sees the first evidences of syphilis in the child, may sometimes hesitate about making inquiries about its origin, for so marvellously perfect is the assumption of ignorance and innocence in these cases that if he had not known the parties before, he might hesitate in questioning either parent, for fear of creating domestic difficulty. If any of you ever have such doubts as these, if the surroundings of your patient are such that you have misgivings as to which may be the guilty party, do you quietly bide your time, and satisfy yourselves in the interval with properly treating your patient. The chances are that in a little time a troubled conscience will bring one of the parents to you with some unaccountable story, and it is ten to one that this will be the father.

All of these things, I say, make the subject of the transmission of inherited syphilis a very difficult one for investigation; but the interests at stake are so great that it must ever possess a deep importance for the intelligent physician. I alluded, a moment since, to the influence of the father and the mother in the transmission of the disease, and, if you remember, you were told it was my own opinion that that of the father had been much overrated. At that time I quoted the observations of Prof. Boeck and M. Cullerier in support of this opinion. I desire to say a little more in regard to it before proceeding to the consideration of other matters, though I wish you distinctly to understand that I do not want to lessen the force of the advice which I have before given you. The data upon which the profession bases the opinion that the father may be the source of syphilis in his children do not appear to be small, if one peruses the works of the older authors upon the subject. Some of these cases are related in such a straightforward way that it seems almost impossible to doubt the conclusions which have been drawn from them. One thing is noticeable, however, that the same illustrations have been used over and over again, and the conclusions which have been arrived at have been handed down from one author to another, while few new facts have been added to support them. M. Cullerier's observations, however, have led to original research upon this point. This author reported

the cases of two gentlemen who married in the active stage of secondary syphilis. They each had one child, both of whom were healthy, up to the time when last seen, one aged eighteen, and the other fifteen years. M. Notta (*Archives Générales de Médecine*, March, 1860) relates the histories of eleven syphilitic fathers who had nineteen children. The wives of three of these were likewise affected. Among the nineteen children only four had inherited syphilis, and these were all the children of the infected mothers. The men whose wives were healthy had fifteen children, the youngest of whom was seven months and the eldest fifteen and a half years old at the time M. Notta wrote.

M. Charrier (*Archives Générales de Médecine*, Sept. 1862) records the histories of fourteen additional children, the offspring of seven fathers. In five instances the father had syphilis and the mother was healthy, in one they were both, and in the other the mother only, was diseased. Of the fourteen children, nine were healthy, and these were the offspring of infected fathers. Of one of these the age is not given. Of the others the youngest was eight months, and the eldest six years. Of the five diseased children, three were born to the pair both of whom had secondary syphilis, while the wife whose husband was healthy aborted twice, the fœtus being diseased in both cases. To these cases may be added two of my own. The history of the first of these is as follows:

Case VII.—A gentleman contracted a chancre six years ago. It was cauterized with nitrate of silver within thirty-six hours after its appearance, and this cauterization was repeated upon two successive occasions, at intervals of twenty-four hours, without any medical advice. He then presented himself to me, and the sore had all the characters of a true Hunterian chancre. It healed soon, and in three months afterwards he had copper-colored, slightly scaly spots upon his forehead, trunk, and extremities. These symptoms were followed by sore throat, when he was at once put upon anti-syphilitic remedies. He soon recovered, and married immediately afterwards. His wife shortly became pregnant, and within a year a child was born, who was healthy until five years of age, when I last heard from it. Immediately after his marriage, this gentleman suffered from a faint eruption upon his skin, and from sore throat, which one of the most eminent syphilographers of this city pronounced to be specific, and upon one occasion since then he was under my care for syphilitic maculæ and sore throat, which were relieved by specifics.

This history seems to be a clear one; but the following patient suffered much more severely:

Case VIII.—A gentleman contracted syphilis in 1861. He neglected himself, and travelled a long distance before he sought medical advice. In the fall of 1862, he was in a most deplorable condition, being wasted almost to a skeleton, having nodes upon various parts of the body, while the nose and hard palate were entirely destroyed. Under the use of specific remedies he gradually improved; but he was not entirely well until four years later. Six years afterwards he married, and in 1869 I attended his wife, a perfectly healthy woman, in her first and only confinement. This issue, a fine boy, is now nearly three years old, and is perfectly healthy.

To sum up now, gentlemen, we have the history of thirty children, two from Cullerier, fifteen from Notta, nine from Charrier, and two cases of my own, all of them the offspring of syphilitic men who had married healthy women. Not one of these inherited the disease. This number might be increased by several others, but I forbear, as their histories are not so clear as those which have been related; but, in view of these facts, I ask you if it is any wonder that I feel inclined to doubt the opinions of the eminent authorities who think that the father's influence in the transmission of the disease is as strong as that of the mother.

There is one source of error in estimating the in-

fluence of the father. It is now generally acknowledged by syphilographers, and is, I believe, demonstrated beyond possibility of doubt, that secondary syphilis is transmissible from one person to another. Zeissl says he has noticed that "as a rule women whose husbands suffer from latent syphilis lose their blooming health, even if they have never been pregnant or had any miscarriages," and Balfour has put upon record a series of cases of healthy women, the wives of syphilitic husbands, all of whom bore diseased children. All of these wives, however, suffered from undoubted symptoms of secondary syphilis, which manifested striking peculiarities. It was by no means severe, came on shortly after the commencement of pregnancy, and in some disappeared without treatment. One of the most important points connected with this form of the disease is, that it may escape the notice of the physician. Balfour, as you may see by reading his paper in the *Edinburgh Medical Journal* for 1856, vol. ii., attributes these symptoms in the mother to her absorption of the poison from the fœtus; but, so far as I am able to judge, this is not yet proved; and is it not possible that their syphilitic husbands gave them the disease at or near the time of impregnation? The intimacy of marital relations must certainly subject the wife to dangers which arise under no other conditions, and they are so great that I cannot but feel that this source of the mother's contamination has to be eliminated before we can implicitly accept the doctrine that a syphilitic father can transmit the disease to his child. Dr. Van Buren, of New York, has recently recorded a case (*American Journal of Syphilography and Dermatology*, Jan. 1870) which bears upon these observations of Zeissl and Balfour, especially upon those of the former. It is so interesting and important that I cannot forbear giving you an abstract of it. A man had chancres on three separate occasions, the first time in the winter of 1854-55, the last time in the spring of 1857. He never had any secondary symptoms, and married a perfectly healthy woman in August, 1858. In a little more than nine months, their first, and in June, 1860, their second child was born, and neither has presented any evidences of inherited syphilis. Now comes the instructive part of the history. In October, 1860, a little more than two years after their marriage, Dr. Van Buren was consulted on account of certain vague syphilitic symptoms in the wife, while in 1861 the husband had syphilitic retinitis, though no mention is made of previous constitutional manifestations. A third child, born in 1862, showed evidences of inherited syphilis in three weeks; while a fourth, born in October, 1867, escaped.

The two facts in this account, to which I wish to direct your attention, are, that a husband with latent constitutional syphilis of which there had never been any obvious signs, not even of cachexia, communicated the disease to his wife, and that his children did not inherit the disorder until the wife had become diseased. These facts certainly give great force to the remark which I made a few moments since, that the part which the father plays in the transmission of syphilis is very uncertain. The matter must remain undecided until the subject has been re-investigated, and more facts collected from which to draw conclusions.

The cases which I have shown you suggest another question for our consideration. I cannot doubt that the stage of the syphilis in the mother influences the production, and modifies the severity, of the disease in the child. If you review the histories of two of the patients whom I have shown you, and who are again before you this morning, you will find that an attempt has been made to determine the condition of the mother at the time of conception.

In Case I., J. W., the mother had never had any tertiary symptoms, though the secondary manifestations

had been severe. At the time she conceived, the disease was perfectly quiescent, so that during and since her gestation she has considered herself perfectly well. Yet you see that the disease appeared in the child within two weeks after his birth; but I would have you notice that it is not at all severe. In the second patient, E. H., syphilis was inherited from the mother, who at the time of conception was probably between the second and third stages of the acquired disease. I have spoken in these lectures of a child in whom congenital syphilis made its appearance after the end of the first year, and whose mother, during gestation, and for a considerable period before it, had had no acute symptoms, though she was greatly disfigured by tertiary bone-lesions.

These facts show you that the condition of the mother influences the development of syphilis in the child, and, more, a fact which has been questioned by some writers upon this subject, that a woman who has some time before suffered from the last symptoms of the tertiary stage may still endanger the life and happiness of her offspring by its transmission. However, I am not inclined to think that such children will always be contaminated. Now, nearly two years ago there was a woman delivered in the ward who had suffered extremely from constitutional syphilis, but who had had no acute symptoms for at least five years. So serious had the disease been, that her hearing was destroyed, her eyesight impaired, her nose much disfigured, and the hard palate perforated. During her gestation I watched her with much interest, thinking that she would be likely to bear a syphilitic child; but it was born healthy, and continued so until he was eighteen months old, when he died of malignant measles, which was epidemic in the children's asylum during last winter. The father in this instance was a healthy man.

There is another question connected with the transmission of syphilis from the mother to her child which we may discuss before considering the treatment.

The following is the history of the patient who is now before you:

Case IX.—L. A., aged 19, was a perfectly healthy girl until two months before her child was born, which was nine months ago. At this time she contracted chancres. Four months later she had well-developed secondary syphilis. She is now covered with copper-colored blotches, a squamous eruption, and has a sore throat. She has nursed her child until the present time. It was born healthy, and was perfectly well until two weeks ago, when a papular eruption appeared upon its belly, back, buttocks, and thighs. This was dark-colored,—decidedly coppery,—and was attended by a little coryza. There were no other evidences of any disease in the child, who is very lively and very strong.

If you will notice this baby, gentlemen, you will see that she is rather remarkable for development and strength, and that she presents absolutely no evidences of disease besides those which I have mentioned. In this the child furnishes a striking contrast to her mother, whose pale, cachectic, downcast face would soon attract attention, while a very cursory examination would reveal the cause of her difficulty. You would say that a child thus born could hardly escape having syphilis, and possibly some of you feel convinced that this is a specific eruption. If you are, I must tell you that I do not by any means feel sure that you are correct. It is true that this eruption looks as if it were syphilitic. Its color, so far as that is of any value, is suspicious, and its association with coryza still more so; but it is doubtful whether this will not prove an evanescent eruption. This opinion is based upon the fact that the mother did not have constitutional syphilis at the time she conceived. Writers assert that a woman, who contracts the primary disease at or after the seventh month of utero-gestation, will not transmit it to her offspring.

Diday (*Infantile Syphilis*, New Syd. Soc. ed., 1869, pp. 30, 31) has collected eleven cases in which the mother was infected during pregnancy, and from the analysis of these he concludes that syphilis contracted by the mother after the completion of the seventh month, has never produced the disease in the child. I am strongly inclined to believe, therefore, that this is not the eruption of congenital syphilis, for, according to the girl's account, pregnancy had advanced fully seven months when she contracted the primary disease.

You see at once the importance of obtaining accurate information upon this point, because, if the opinion expressed by Diday be true, we can without danger give these children to another woman to be wet-nursed,—a consideration of no little importance to them. I am willing to confess, however, that I should hesitate some time before assuming the responsibility of deciding upon such a course.

Another consideration has been pressed upon us by this case, and I have several times asked myself whether it is proper to allow a woman infected as this one was to nurse her own child. Though it escaped unscathed from her womb, I cannot see why she might not give her infant constitutional syphilis. You know, however, that, upon the other hand, it is asserted, by those who hold that the father transmits the disease in the majority of cases, that a woman who has borne a syphilitic child without herself being diseased may nurse it with impunity. This, however, seems to me to go to show that she is herself syphilitic, and not to bear at all upon the decision of the other question.

I have felt the same uncertainty about another patient, who contracted syphilis at the end of the eighth month of her pregnancy. In due season, her child, a healthy infant, was born, and was nursed by her. Except that she suffered somewhat from fissured nipples, everything went well until a month after her confinement, when a syphilitic eruption made its appearance upon her. The question to be decided now is whether the mother shall continue to nurse the child or not. If she does not, it is absolutely necessary to procure another nurse. I cannot convince myself that this can be done without danger to the latter, while I cannot but hope that the child has not yet contracted syphilis, and I fear that if allowed to continue to nurse from its mother's breast, she may transmit the disease to it. This case illustrates one of the most trying circumstances that may arise in connection with infantile syphilis. I do not know how to advise you; for I do not know what to do myself.*

Treatment.—So much time has been spent in discussing other questions connected with this subject, that we have not much left to devote to the consideration of the treatment. The first of these cases, the infant, shall be at once put upon mercury. This may be used in one of two ways; either by the skin or by the mouth. If the former be preferred, the ordinary mercurial ointment is the preparation to be used, in the way recommended by Sir Benjamin Brodie; that is, by rubbing a small portion into the skin of the belly, knee, or inner side of the thigh. Used in this way, the ointment is somewhat offensive; and upon reading a paper by Mr. Marshall (*Lancet*, May, 1872), upon the oleates of mercury as external applications in disease, it occurred to me that this might prove a very useful method of exhibiting the drug in this disease, especially in those cases in which it does not seem desirable to administer preparations of mercury by the stomach. According to Mr. Marshall, the oleate is cleanly and easily absorbed, which is not true of the officinal ointment, as this is a mere admixture of metallic mercury with lard.

* Shortly after the delivery of this lecture, this child began to suffer from a sore mouth, and a month later was covered with an undoubted syphilitic eruption. In the other infant (Case IX.) the eruption proved evanescent, and now, two months later, it remains well.

You will often find local applications of mercury to be very efficient, but in most cases you can give the medicine by the mouth, when you may employ any of the mild preparations. One of the best is the hydrarg. cum cret., a grain or a grain and a half of which may be given once or twice daily. In this case, the medicine will be given in this way, and we will begin with a grain twice daily. At the same time the child must be carefully watched, and his strength sustained by good food, fresh air, tonics, and, if necessary, by cod-liver oil.

Some authorities oppose the use of mercury in the treatment of this disease, and, indeed, there seems to be a growing and an influential body of physicians who take this ground. On the other hand is an equally strong and intelligent body, who look upon it as the most efficient agent in the management of syphilis. I am perfectly willing to confess that I am old fogey enough to administer mercury in these cases, that I am fully convinced of its utility, and that, having tried both methods of treatment, I esteem it more highly than any other single drug for the purpose,—nay, more than any other set of drugs. Mercury seems to be a tonic to these children, and while using it they increase in strength and gain in flesh. While I fully recognize the fact that the mortality among them is very great, circumstances are rarely so desperate that there is not a chance that their condition may be improved: so do not turn away from these little patients with the conclusion that there is no hope for them.

In regard to the other children, their treatment must be different. They have all passed beyond the first into the second stage of hereditary syphilis, and, with a single exception, have, at various periods, taken both the iodide of potassium and the bichloride of mercury. The exception is Case V., M. W., who has been treated with cod-liver oil and arsenic without obtaining the slightest benefit. Those who have used the specific remedies in the ordinary way have always been improved by them, and I have no doubt would be again; but, at the suggestion of my colleague, Dr. Maury, I am going to try hypodermic injections of corrosive sublimate in all of the cases. Some of you, I have no doubt, know that this method of treating constitutional syphilis was proposed a few years ago, but, so far as I am aware, it has been but rarely resorted to in this city. I have had no experience with it whatever, never even having seen a case so treated. I am, therefore, not capable of judging of its merits, but I am somewhat prejudiced against it. The most recent writer upon the subject is Dr. Lewin, whose work upon the treatment of constitutional syphilis is just being republished in this country, and the advance proofs of which I have had an opportunity to examine. Dr. Lewin employs three solutions of the following strength for injections,—three, four, and six grains of the corrosive sublimate to the ounce of water,—and states that if more concentrated than the strongest of these, they often cause intense local inflammation. He generally uses the second solution,—four grains to the ounce. Lewin seems to be well satisfied with the local effects of this injection, for he says, "Out of one thousand of my private patients, only one had a small abscess on the forearm." In these children we shall use the second solution, and shall administer one-twenty-fourth of a grain of the bichloride daily, and gradually increase the quantity to one-sixteenth, if the children bear it well. Lewin prefers the subscapular and sacral regions for administering the injection. We shall use the former region in all of these cases.

I stated, a moment since, that I had a prejudice against this method of giving corrosive sublimate in congenital syphilis. This is not because I am not a firm believer in the virtues of the hypodermic syringe. Few persons can be more firmly convinced of its great utility. But children like these will resist the use of the instrument,

and I fancy that not many days will have passed before they will learn to dread the visits of my resident to the wards. No iodide of potassium will be given for the present, and the only other remedies which will be administered are tonics. This child (Case II., E. H.) is, as you notice, very pale, and anæmic. She shall have the following:

R Ferri pyrophos., \mathfrak{zss} ;
Acid. phosphor. dil., \mathfrak{ziss} ;
Syrupi, \mathfrak{zss} ;
Aq. aurant. flor., \mathfrak{ziss} . M.

A teaspoonful in water after each meal.

The pyrophosphate of iron is given simply because it is a pleasant preparation.

Cases III. and IV. are not anæmic, but are thin and not very strong. They shall both have cod-liver oil, and, as they have never taken it, we will commence with a teaspoonful twice daily,—immediately after breakfast and supper.

The remaining girl (Case V., M. W.) will continue the cod liver oil, which she has been taking for some time.

ORIGINAL COMMUNICATIONS.

THE TREATMENT OF ANEURISM OF LARGE ARTERIAL TRUNKS BY COMPLETE COMPRESSION.

WITH A REPORT OF ITS SUCCESSFUL APPLICATION TO A CASE OF ANEURISM OF THE EXTERNAL ILIAC ARTERY.

BY R. J. LEVIS, M.D.,

Surgeon to the Pennsylvania Hospital.

THE treatment of aneurisms of great arterial trunks by producing with mechanical means, and maintaining, for a brief period, a complete arrest of circulation through the sac, is a method to which some forms of internal aneurisms are alone amenable, and which experience may demonstrate to be the most available treatment for aneurismal tumors in general.

The slow method of instrumental or digital compression during an indefinite period, in which but a partial arrest of circulation or but its very temporary or intermittent stasis is effected, is not applicable to aneurisms of the abdominal aorta, nor to those of the common iliac and its continuity as internal and external iliacs. In theory, such treatment is the gradual process of fibrous lamination, induced in the sac during decreased aneurismal circulation under pressure applied to the vessel on the cardiac side of the tumor. For this gradual deposit of fibrin, a slow current of blood through the cyst is deemed essential, and therefore pressure, short of actual arrest of flow, is instituted and maintained until, in time, layer after layer is deposited and solidification of the tumor is the eventual result.

A few fortunate instances are recorded in which aneurisms of the femoral, the popliteal, and the brachial, treated on this plan, have been cured in a few hours; but other cases have occupied months of patient endurance, followed by success or failure, and the average duration of the treatment is said to be twenty-five days. In a report, in the *Medical Times and Gazette*, of twenty-six cases of aneurism successfully treated by gradual compression, the duration of treatment varied from the most brief, in sixty hours, to that of the most protracted, in eight months.

It is evident, and has been practically demonstrated, that in aneurism within the abdominal cavity prolonged and gradual compression cannot be endured by the patient for a sufficient length of time to effect laminar

deposition to the extent of consolidation of the sac; and it is not known that aortic aneurism could be in such manner cured, should even the extreme suffering and local visceral and general disturbances, incidental to the treatment, be tolerated. If, therefore, compression is at all applicable to aortic and iliac aneurisms, the treatment must be accomplished in a very brief period, and a number of successful cases have proven the value of total and brief compression in cases where the slow form of effecting pressure could not have been attempted.

The theory of the total compression is that, if absolute arrest of the current by powerful pressure above the aneurismal cyst is maintained, a soft coagulum of the contained blood will be formed, which will gradually condense and laminate, effecting a cure speedily, and with comparatively little suffering to the patient.

It is now an important surgical question, to be determined only by practical experience, which of the compression methods is the most available for general application to arterial trunks of the extremities; but for aneurismal tumors in locations where digital compression is impracticable, or where instrumental pressure cannot be borne through a long period, the plan of total or complete compression must prove an available and invaluable resource.

The method of treatment of aneurism which I would propose to term that of *complete compression*, to distinguish it from the *gradual and partial compression*, is but the reintroduction, with the all-essential addition of *anæsthesia*, of a very ancient practice, that fell into disuse owing to the extreme painfulness of the procedure. Complete compression by instrumental means was recommended by Heister, was first effectively practised by Guattani, and Hunter records his failure in an attempt, being obliged to desist in a case of femoral aneurism on account of the intolerable suffering induced by it. The present successful practice is then due to its being instituted whilst the patient is under the influence of an anæsthetic; and we are indebted for the recent demonstration of its efficiency to Dr. William Murray, of Newcastle-on-Tyne, England.

The first case treated by Dr. Murray by complete compression, with the aid of anæsthesia, was a no less formidable aneurism than that of the abdominal aorta, which was solidified after instrumental compression during five hours. The patient was a man aged twenty-six years, of spare frame, and accustomed to laborious work. The aneurism had been increasing for about eleven months, and the diagnosis was decidedly verified by a number of eminent medical men. It was found that compression of the aorta against the spine by pressure above the aneurism and near to the margins of the ribs on the left side, entirely arrested all pulsation. The mechanical appliance used was an ordinary horse-shoe tourniquet, made large enough to grasp the abdomen. During the continuance of the treatment any irregular movement of the patient, slightly displacing the instrument, showed activity of the throbbing, but on the discontinuance of the pressure, only slight pulsation could be detected, and, after a few hours of repose, all evidence of arterial action in the aneurism ceased. The patient rapidly convalesced, and resumed his laborious occupation.

The record of this unique case proves that the abdominal aorta may be compressed below the renal arteries long enough for the formation of a clot in aneurism, and that, too, without producing great physiological disturbance.

The death of this patient, after the lapse of six years, from aortic aneurism, developed above the original cyst, gave an opportunity of demonstrating at an autopsy the manner in which the latter had been consolidated and the aorta below occluded and atrophied, and also

showed the manner in which a compensative circulation had been accomplished by dilating superficial vessels, and by deep anastomoses of truncal ones.

The case in which I successfully applied complete compression was that of a patient named John McCarne, aged forty-eight years, who was referred to the Pennsylvania Hospital by Dr. W. F. Atlee. He was in good general health, five feet eight inches in height, weighed one hundred and forty-four pounds, and had been, until recently, accustomed to laborious work. At the time of his admission he complained of severe pain in the right iliac region, extending down the thigh. He could walk only with the body flexed and supported by his hand resting on the knee. The right leg and foot were somewhat œdematous. His first sensations of the infirmity were dated as occurring on the evening after a long, rapid, and fatiguing walk of fifteen miles, about three months previous to his admission.

On examination a pulsating tumor was evident, involving the right external iliac artery up to near its origin, and an aneurismal dilatation, of fusiform outline, could be traced beneath Poupart's ligament, about two or three inches in the course of the femoral artery.

It was found that digital pressure, made with great force, on the upper part of the external iliac, compressing it violently against the brim of the pelvis, effectually arrested the pulsation in the tumor. Such pressure, however, when made even for a moment, was intolerably painful, and so much force was required as speedily to fatigue the hand of the operator.

To effect thorough mechanical pressure, an instrument, as shown in the cut, was made by Mr. Gemrig, and consisted of a hollow pad for counter-pressure on the buttock, a rigid steel band for partially surrounding the pelvis, with a small convex pad and a screw, adjustable in a slot in front of the encircling band.



It was found that, with proper adjustment of the compressing pad, the pressure of the screw would absolutely check pulsation in the aneurism.

On the 28th of September, 1871, in the presence of the clinical class of the hospital, the patient was thoroughly etherized, and the instrumental compression applied and continued under the immediate care of Dr. Longstreth, one of the resident surgeons. Pressure was made on the external iliac artery, about three and a half or four inches above Poupart's ligament, at or near the origin of the vessel, which was compressed against the underlying structures of the psoas muscle and the brim of the pelvis. Total arrest of circulation was effected, and continued during profound anæsthesia by ether, for five hours and a half. At the expiration of this time the patient showed some signs of exhaustion, and the compression was discontinued.

On examining the aneurism when released from pressure, it was evident that pulsation, of feeble but decided character, still continued in the sac, but I am well convinced that all continuity of circulation through

the aneurism had already ceased, and that the pulsations were merely due to impulse from the vessel above the point of pressure, producing a succussion of the newly-formed and still very soft clot. No pulsation could be detected far down the course of the femoral or in the arteries of the leg. Continued examination detected feeble pulsation, gradually diminishing, until the seventh day, when it was evident that the tumor was much shrunken and that all arterial impulse had ceased.

The patient on being relieved from the anæsthesia suffered great pain, requiring the administration of anodynes. On the succeeding days there were symptoms of phlebitis, with some œdema and livid discoloration of the limb. Warmth was maintained by encasing it in cotton and blankets. The inflammatory symptoms and acute suffering subsided in a few days, and the general condition of the patient became favorable. He continued to convalesce, and was discharged from the hospital as cured, on Nov. 4.

On examining the patient at the date of this communication, nearly one year from the time of treatment, I find a hard cord-like body indicating the line of the external iliac artery. He is in good health, and is employed as a laborer in an iron-foundry.

From consideration of this case, the following propositions may be offered: 1. That aneurism of the external iliac artery may be amenable to treatment by complete compression of the vessel in a brief period. 2. That total arrest of pulsation can be effectually made by mechanical means. 3. That compression of the external iliac at the cardiac extremity of the aneurism, probably even where aneurismal dilatation exists at the seat of pressure, and without the aid of aortic compression, may be sufficient for the cure. 4. That anæsthesia is essential to such treatment, and that prolonged etherization does not prevent coagulation of the blood. 5. That pulsation may not cease entirely for some days, even when a coagulum has been fully formed. 6. That reduction in size of the aneurismal tumor, by shrinking of the clot, is more rapid and complete when cured by total compression than when the cure is effected by slow deposit of fibrinous laminæ in the gradual or partial compression. 7. That the treatment of aneurism of the external iliac by the method of complete compression is the safest and most reliable, and should be generally adopted.

NOTES OF HOSPITAL PRACTICE.

UNIVERSITY OF PENNSYLVANIA.

CLINIC OF PROFESSOR AGNEW.

Reported by Dr. ELLIOTT RICHARDSON.

GANGLION.

AT Professor Agnew's clinic, held October 25, 1871, a girl, 13 years of age, presented herself for the treatment of a synovial tumor, commonly called ganglion, situated upon the dorsal surface of the wrist. Prof. A. proposed to effect a cure by the introduction of a thread through the walls of the sac, and performed the following operation. A bistoury was passed into the tumor near its base, and the contents of the sac pressed out through the opening. A needle threaded with a silk ligature was introduced by the side of the bistoury and brought out on the opposite side of the tumor. The needle and bistoury were then removed, the thread was loosely tied over the growth, and the hand and arm were bound upon a palmar splint.

It was directed that the thread be retained in this position for thirty-six hours, at the expiration of which time it was believed a sufficient degree of inflammation would have been excited to produce obliteration of the sac.

October 28.—The pain and swelling following the operation have much diminished, but a good deal of the latter still

exists. The patient is directed to paint the surface of the tumor daily with a mixture of tincture of iodine and glycerine, in the proportion of two parts of the former to one part of the latter. A compress is to be firmly kept upon it, and the palmar splint retained.

GNORRHOEA.

On October 28, a man, 22 years of age, was presented to the class, suffering from a gonorrhœa contracted three or four weeks previously.

He had at this time, in addition to the urethral discharge, œdema of the prepuce and a little lymphatic swelling and tenderness in the groins.

The patient had been under treatment for the past few days at the dispensary connected with this college, and was only shown to-day in connection with the following case of

CHANCRE.

This patient was a boy 19 years of age, who, at nearly the same time, contracted from the same woman a phagedenic chancre on the upper portion of the glans penis. This had extended to the adjacent surface of the prepuce, the whole upper portion of which it had destroyed.

The period of incubation in this case was about a week. This patient had also been under treatment in this institution, and was at the time improving under the internal use of potassio-tartrate of iron, and the local application of a solution of permanganate of potash.

FISTULA IN ANO.

The next case was that of a man aged 24 years, affected with fistula in ano. This began six weeks ago, as an abscess by the side of the rectum. The general health of the patient was good, and the local trouble could not be traced to any apparent cause.

The patient being placed upon his side on the operating-table, an examination of the affected part was made by introducing a finger into the rectum and passing a probe through the fistula. This was found to be complete, the point of the probe coming in contact with the finger in the rectum, through a small opening situated between the internal and external sphincters. Prof. Agnew then proceeded to operate by introducing a grooved director through the fistula, bringing the internal extremity out at the anus, and then dividing all the tissues supported upon it. Examination was then made for sinuses. Two of these were found extending beneath the skin for an inch or two, and were laid open throughout their entire lengths.

The wounds thus made were lightly cauterized, by rapidly passing over the divided surfaces and the fistulous tracts a stick of potassa cum creta, and then packed with lint saturated with olive oil. Directions were given to keep the patient in bed, and to prevent a motion of the bowels for three or four days, by the use of opium.

FALSE ANCHYLOSIS OF WRIST, ETC.

This was a case of false ankylosis of the wrist and finger-joints, following a Colles' fracture of the radius, received about eight weeks ago. Perfect union had now taken place, with, however, some deformity.

Difficulty of motion in the neighboring joints, the lecturer said, was a very common sequel of this fracture, and, even under the most careful treatment, was found to exist in a majority of cases. He thought it due not so much to injury to the joint itself, as to adhesions of the tendons over the seat of fracture, by which their play was restricted. To prevent this result as far as possible, motion of the joints involved should be resorted to after the second week of fracture. The patient being etherized, the bands of adhesion were broken up by forcible motion of the wrist and finger-joints. The hand was then placed upon a palmar splint, upon which it would be retained for one or two days undisturbed. At the expiration of that time, judicious motion would be resorted to, and continued two or three times a day until recovery.

The lecturer said that before attempting to operate in this manner the surgeon should ascertain that the patient's health is sufficient to bear the treatment, and should be well satisfied that all symptoms of active inflammation have subsided, leaving only stiffness and rigidity.

LITHOTOMY.

At the clinic held November 1, 1871, Prof. Agnew operated upon a man 36 years of age, for the removal of vesical calculus. This man had enjoyed good health until about two years ago, when the symptoms of stone in the bladder first became noticeable. His health had suffered somewhat from the continued irritation of the calculus, but had not been seriously impaired. For several days previous to the operation he had been taking an alkaline diuretic mixture, composed of decoct. uvæ ursi and liq. potassæ, and, in order to procure rest, had occasionally used suppositories of opium and hyoscyamus. The patient having been placed upon the table, and a few ounces of tepid mucilage thrown into the bladder, a sound was introduced and the stone distinctly felt. He was then etherized, and the stone removed by the lateral operation, cutting through the perineum to the left of the median line. At the conclusion of the operation there was some hemorrhage from the plexus of veins at the neck of the bladder, which threatened for a time to prove troublesome, but was soon checked by injections of cold water. The patient was then removed to the ward and placed upon a bed.

November 8.—About an hour after the operation, blood was discovered issuing from the wound and the urethra, and on examination the bladder was found to be filled with blood, which had not shown itself externally until forced out by the contractions of this organ. After other efforts to check the hemorrhage, which was now quite free, it was found necessary to plug the wound with lint, a catheter having been previously introduced, around which was tied an apron or diaphragm of linen about three inches from its point. This acted as a base for the packing, and prevented its slipping into the bladder.

Twenty-four hours later the packing and catheter were removed, and their removal was followed by a free discharge of urine. Since then there has been no return of hemorrhage, and the urine has flowed freely through the wound. The patient was very much weakened by the loss of blood; but under the liberal use of milk and beef-tea, administered at short intervals, with a small quantity of whisky, his strength rapidly returned.

November 18.—The patient has continued to do well. He is passing urine freely, some of which now flows through the urethra. He has had a little morphia at times to relieve pain and promote sleep, and occasionally sweet spirit of nitre to reduce fever; these, with a moderate amount of whisky, have composed his medication.

November 21.—Left the wards to-day, his condition indicating complete and speedy recovery.

OLD LUXATION OF HUMERUS.

At the clinic held November 4, a woman, aged 43 years, applied on account of an injury received nearly four weeks ago. At that time she fell down a flight of stairs, striking her arm near the shoulder. She had now pain in the whole arm, which was swollen, very sensitive, and almost immovable.

The usual symptoms of dislocation of the humerus, prominence of the acromion, flattening of the deltoid, eversion of the elbow, etc., were present in the case, and a diagnosis of dislocation was made. The woman having been etherized, Prof. Agnew proceeded to break up adhesions by making rotary movements of the humerus. After accomplishing this, he drew the arm up by the side of the patient's head, and, placing a foot upon the acromion process, made traction, and soon succeeded in reducing the luxation. The arm was retained in a Velpéau bandage. It was directed that this bandage be left undisturbed for six or eight days, when it would be removed, a little motion of the arm made, and then re-applied. This to be repeated daily for another week, when it would be entirely removed.

CLINIC FOR DISEASES OF THE SKIN.

SERVICE OF DR. LOUIS A. DUHRING.

Reported by Dr. ARTHUR VAN HARLINGEN.

URTICARIA.

THIS affection, which is vulgarly known as nettle-rash, may occur in several forms, the most usual of which is characterized by the formation of bean-shaped wheals on va-

rious portions of the cutaneous surface, or at times over the whole body, usually making their appearance suddenly. Occasionally blotches appear over the lips, and the intense itching and burning accompanying the eruption is a characteristic symptom.

Another form, that called urticaria papulosa, the case before us exemplifies. It is marked by the occurrence of rounded papules. In a much rarer variety, urticaria bullosa, the wheals which at first make their appearance go rapidly on to the formation of blebs, of which the contents drying up leave slight crusts. This form of urticaria closely resembles pemphigus, but in the latter affection the bullæ are not preceded by wheals, nor is the eruption completed so suddenly. Urticaria depends for its cause, in the majority of instances, upon some disorder of the digestive organs, and in particular of the stomach. Very commonly a hearty meal of shell-fish or strawberries, where there is an idiosyncrasy on the part of the individual, will be the cause of an attack.

In the present case, the patient, who is a washerwoman, states that the eruption appeared while she was working over the steaming soap-suds of her tub. But, if her health were good, a simple exposure of this kind would not cause any such trouble, and we find, on questioning her, that she shows many of the symptoms of dyspepsia. She says that her appetite is poor; she suffers from headache; after eating she feels a sense of weight at the pit of the stomach, and has sour eructations. Her bowels are constipated, and during the attacks of headache she frequently vomits. She suffers constantly from thirst, but water, except in the smallest quantities, disagrees with her.

Of course, our first object here is to get rid of this dyspeptic trouble, and to that end I shall order an aperient tonic, the mist. ferri acidi of the University Pharmacopeia, a preparation which we find very useful in cases like the present. The only external application I shall direct will be a lotion of alcohol and water, to be frequently sopped on the wheals with a soft rag.

ALOPECIA AREATA.

The case before us is quite a typical one. On looking at this boy's head, you see two round patches of baldness, the larger about the size of a silver dollar, the other somewhat smaller. These patches resemble, in many respects, those caused by the parasite in tinea tonsurans, but the affection you observe here is quite a different one, and in fact—as I shall show you presently—is not parasitic at all.

In the case of tinea tonsurans, or ring-worm of the scalp, after the disease has lasted some weeks, the part of the head attacked looks—as the name of the disorder indicates—as if the barber had shaved it. The hairs have the appearance of having been clipped off just a line or so above the scalp; in reality, they are broken off short. In the case before you, you perceive that the appearance is quite different; there are no hairs broken off short in this patch, but it is perfectly denuded,—as smooth, in fact, as a billiard-ball. The history of alopecia areata is very much as follows:

It most often occurs about the age of puberty. A patient comes to you and says, "Doctor, I am losing all my hair: it has been falling out by handfuls in the last few days." On examining his scalp, you will find that over a limited area you can pluck out almost any quantity of hair by the roots with the greatest ease. Such a patch we had here in the case of this boy a few weeks ago. It is now, as you have seen, perfectly bald, and will remain so for a month or longer, and then the hair will gradually begin to grow on it again.

Alopecia areata was for a long time considered to be of parasitic origin; but later researches have gone to prove that this theory is incorrect, and its non-parasitic nature is now very generally conceded. If you examine the hairs which have been plucked from this patient's head, you will not find any evidence of the presence of a parasite, but you will find atrophy of the bulb.

Alopecia areata is a tolerably rare disease, but many cases probably are not noticed, because it gets to its worst point very quickly, remains stationary some time, and then passes away spontaneously. It may invade the hair on any portion of the body; and a case came under my notice some time ago in which the hair not only of the head, but also of the axillæ, eyebrows and lashes, pubes, etc., came out. In this case, a

year later, the hair had all commenced growing again in these various regions.

The treatment found to be most beneficial in this disease is a stimulating application of one kind or another. But the great point is to make the diagnosis between this affection and tinea tonsurans. Under the microscope, the hairs in the latter case are found to contain spores of the characteristic trichophyton, and to be thick and swollen, while the hairs in alopecia areata are thin, atrophied, and contain no parasite.

PRURITUS CUTANEA.

The old man who is before you shows no sign of disease upon his skin, except such as is the result of scratching. He complains, however, of constant and intolerable itching. The affection which we have here is pruritus cutanea, the seat of which is in the nerve-filaments, and of which the characteristic is, as you see in this case, intense itching, without the existence of any elementary lesion of the skin. Do not confound this with any of the other diseases of the skin, many of which are also accompanied by itching. Many cases of eruption, the result of pediculi, or of inflammation of the hair-follicles, are mistaken for pruritus cutanea. A careful examination will always bring pediculi to light where they exist; and inflamed hair-follicles may be recognized as minute red points scattered over the skin.

Pruritus may attack a part of the body or the whole of it. Patients frequently compare this itching to the feeling of thousands of ants crawling over them. When the disease attacks the genitalia or the integument around the anus, it is particularly distressing. It may occur at any age, but is more common in the later periods of life. The causes are various. It may be due to some irritation of the alimentary canal, as, for instance, worms. In women, disease of the uterus is not an infrequent cause. Frequently this affection is exceedingly stubborn, and palliative measures seem alone to be of benefit. This may be partly due to the difficulty which is often found in detecting its origin, whatever that may be. But the cause in each individual case should always be actively sought for.

As regards treatment, in simple cases sometimes local applications are sufficient. Alkaline baths form, perhaps, the best treatment with which to begin: four ounces of carbonate of soda may be dissolved in a bath of thirty gallons of water, and the patient directed to remain in it for about half an hour, drying himself afterwards by gently patting the skin with the towel, instead of rubbing. The most convenient time for taking these baths is just before retiring at night: they should be tepid, and their use should be persisted in for some time. They may be given twice daily, if necessary.

But, above all, the cause should be carefully looked into. Tell your patient that his case is a troublesome one, and that it will probably require time to find out its origin and relieve him of his trouble.

PREMATURE QUADRUPLE BIRTH.—Dr. W. Cuppaide, of Castlereagh, related to the Dublin Obstetrical Society the following case (*Med. Press and Circular*, Feb. 21, 1872):

A patient was attended by a midwife; she was 19 years of age; it was her first pregnancy, and she was just about entering the sixth month of utero-gestation. I was called at 5 P.M., and just as I got into the room a small female fetus of about the fifth month was expelled, head foremost. The woman's size not having diminished, I examined and found another bag of membranes pressing through the os. Supposing that this second fetus would be expelled as easily as the first, I went away. There was no return of pains, and the patient slept through the night. In the morning I gave a dose of ergot, which was soon followed by the expulsion of a second fetus, male, with the feet foremost. On examining the patient now, I found the membranes of another fetus; these I at once ruptured, whereupon a third child, female, was expelled, the breech presenting. After its birth, I again instituted a careful vaginal examination, and was greatly surprised at discovering another bag of membranes, which I at once ruptured, when the fourth fetus—a male, head presenting—was delivered. The first two children, I may here remark, were born alive and cried, but did not long survive. The third and fourth children showed no signs of life at birth.

Dr. M'Clintock said he had looked over the registry of the Lying-in Hospital, and found that there was only one year since 1757 in which a quadruple birth had occurred. It took place on the 30th of October, 1788, in Dr. Clarke's Mastership. The name of the woman was Mrs. Hood; she was 30 years of age, and it was recorded in the register that she was an Irishwoman. (Laughter.) The children, in this case, were born alive and baptized, but subsequently died, though the day of their death was not mentioned. The woman herself left the hospital at the end of fourteen days. Dr. M'Clintock proceeded to say that there was a preparation in the museum of the Lying-in Hospital of five children simultaneously conceived. The entry, which appeared in the museum catalogue for that year (1839), was as follows: "Five children simultaneously conceived; three separate ova; one single, with its placenta; the others twins, each furnished with a common placenta; three months pregnant; miscarried in the summer, 1839." This woman was several times subsequently in the hospital, on one of which occasions he (Dr. M'Clintock) saw her. She was a stout, sanguine woman, with fiery red hair, and the wife of a tailor. She alluded, with no small pride, to her having once been pregnant of five children.

In the same number of the same journal we find the following:

Dr. E. S. Ray, in the *Atlanta Medical and Surgical Journal*, reports an interesting case of enormous distention of the uterus. Before confinement a diagnosis could not be made out of the exact condition of things, though the fetal heart was heard, and there was a dulness over the symphysis pubis. At all other places the fluctuation was very distinct. The suffering of the woman from the distention was so great that it was deemed proper to draw off the fluid by a trochar. But ere this could be done, the woman was delivered of three children and five gallons of water. Two of the children were born dead, and the third died in half an hour. Particular notice is drawn to the fact that, in this case, it was impossible to separate amniotic from peritoneal dropsy. Though most of the gentlemen called in consultation agreed that she was pregnant, they were more certain that she had peritoneal dropsy, which tapping alone could relieve.

MODIFICATION OF PETTENKOFER'S TEST FOR BILIARY ACIDS.—Strassburg (*Zeitschr. f. Anal. Chem.*, 1872) adds to the urine to be tested a little cane sugar, then moistens a piece of filtering-paper with the liquid, and, after drying, places a drop of concentrated sulphuric acid upon the impregnated paper, which after a quarter of a minute shows the violet coloration beautifully, particularly in transmitted light. Normal urine does not produce this coloration, which appears if only 0.00003 of biliary acids are present.

TO PREVENT ITCHING IN SMALLPOX.—Dr. Gueneau de Mussy (*Journ. de Pharm. et de Chim.*, June, 1872) uses, when the itching is intolerable, a cerate composed of simple cerate 30.0, bromide of potassium 3.0, and camphor 0.3 gm. After the pustules have been followed by ulceration of the skin, the following application to the little ulcers is employed by the same physician: Simple cerate 30.0, tannin 2.0, oxide of zinc 2.0, calomel 0.25, extract of opium 0.1 gm. During the intervals of the applications, it is useful to wash the affected parts with water to which a little tincture of benzoin has been added.

A NEW ORGANIC MATTER IN DIABETIC URINE has been discovered by Professor Campani (*Journ. de Pharm. d'Anvers*, May, 1872; from *Gaz. Méd. de Paris*). It is precipitated by basic acetate of lead, and reduces four times more of Fehling's solution than is reduced by glucose; but it is devoid of rotating power upon polarized light.

Although the precise origin and true nature of this new body are not known, this discovery throws a doubt upon the correctness of the assays by volumetry in some cases of glycosuria; it deprives, in particular, a case of polyuria of all value, in which small traces of sugar were found, upon which ground an analogy has been supposed to exist between this disease and diabetes; and it follows, finally, that diabetes is not a simple glycosuria, but that its morbid process consists in an altogether special alteration of the functions of assimilation and nutrition.

PHILADELPHIA MEDICAL TIMES.

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ANNOUNCEMENT.

THE present issue completes the second volume of "*The Philadelphia Medical Times*," and the publishers congratulate themselves on the high professional and scientific character which has been universally conceded to it.

In entering upon the third year of its publication, they propose to make a change which they think will meet the approval of their subscribers, viz.,—to issue it weekly, instead of twice a month, as heretofore. By so doing, they will be enabled to give their readers a constantly fresh résumé of the current news of the profession.

To meet the increased expense involved in this change, they will be obliged to make the price of subscription \$5.00 per annum.

The publication-day will be Saturday of each week.

All communications should be addressed "Editor of Philadelphia Medical Times," care of the publishers.

EDITORIAL.

THE AMERICAN MEDICAL ASSOCIATION.

IN our last issue we called attention to a plan proposed in the *Boston Medical and Surgical Journal* for the reorganization of this body on a more purely representative basis. We most earnestly hope that the profession will see the great importance of this matter.

What is wanted is that the Association should be changed from its present character—that of a very promiscuous gathering of such physicians as have the time to amuse themselves with it—to that of a congress of chosen delegates, coming from intelligent and scientific constituencies, for the transaction of business. No one can have watched the course of the Association without noting the vague and desultory style of its discussions, the small value of its scientific work, and the futility of its attempts to "take a stand" on any question of real consequence. It is not in fact the exponent of the professional mind of the country. But, it may be asked, what is to be done about it? Admitting the truth of all this, how is any change to be effected? Our answer will, we think, be in itself a proof of the urgent need of reorganization.

Since there is no council, standing committee, or other authoritative body, always representing the Association, before whom matters affecting it or the welfare of the profession at large can be brought, this subject must be left in the hands of those who will make it their business. We call upon Dr. S. D. Gross, of Philadelphia; Dr. L. A. Sayre, of New York; Dr. N. S. Davis, of Chicago; Dr. W. K. Baldwin, of Montgomery, Alabama; Dr. Yandell, of Louisville, the president of the Association in 1872; Dr. Logan, the president elect of the Association for 1873; and all others who have the welfare of the Association at heart, and who wish to see it the power it ought to be, to consider whether the plan proposed by the *Boston Medical and Surgical Journal*, with or without modification, or any other plan, can be adopted with advantage. We ask these gentlemen, if possible, by some concerted action, to bring before the meeting at St. Louis, in May next, such amendments to the organic law of the Association as may make that body truly representative of the great army of workers in the cause of scientific medicine in the United States.

UNRELIABLE TESTIMONY.

WE do not know how skilful an actor the reporter may have been, who lately feigned insanity in order to get an insight into the affairs of the Bloomingdale Asylum, or how familiar he may have been with the form of the disease which he chose to assume: we cannot therefore tell how readily the physicians concerned were deceived. But by his success nothing at all is proved as to the general run of alleged cases of improper admissions to hospitals for the insane, since here the whole thing was a combination of the reporter and his friends, by lies both acted and spoken, to deceive those who had no reason to think they were dealt with otherwise than in good faith. It would be quite as just for a man to feign sickness, send for a doctor, cheat him by artificial symptoms and by stories told by friends, and then find fault because the sham was not at once seen through.

Nor do we pretend to declare either that the reporter saw no abuses while he kept up his imposture, or that no abuses exist in the institution whose officers he cheated. But it seems to us clear that evidence so obtained, by fraud and falsehood, should be received with great caution. This was no impartial investigation, but the animus of the trick was hostile and aggressive, the observer bent on seeing everything in an unfavorable light. However commendable energy and enterprise in the obtaining of news may be on the part of those who conduct the newspaper press, we cannot but think that this latest phase of "reportorial" prying will be in the highest degree repulsive and detestable to every honorable mind. We trust that the commission appointed by Gov. Hoffman will do their work in so thorough a manner that the statements of the malingering reporter may be set aside as both unnecessary and contemptible.

AMALGAMATION.

FROM a report of the proceedings of the Council of the College of Physicians and Surgeons of Ontario, in the *Canada Lancet* for August, we learn that there were present in that body seventeen gentlemen merely called "Drs.," four who are designated as "Homœopathic members," and five as "Eclectic members." Although, on looking through the report, we find that the matters discussed were not those pertaining to science, but simply medical education, registration, and the like, we cannot but regret the holding of such an assembly.

The law in Canada may be such as to make this fraternization with quackery a mere measure of self-preservation; but, unless it be so,—unless the regular physicians are acting under protest, and with a firm and declared resolve to break off the connection with homœopaths, eclectics, and all other quacks at the earliest possible moment,—the formation of such a union was a grave and inexcusable mistake. We think, indeed, that where such laws exist it would be better to test them before the courts, and show up their absurdities in the most public manner, since a principle would be thus vindicated, in the very existence of which the community are slow to believe.

INTERNATIONAL OPHTHALMOLOGICAL CONGRESS.

THIS body met on the 1st ult., in the Library of the College of Physicians, in Trafalgar Square, London; one hundred and twenty names having been registered. Eleven members of the American Ophthalmological Society were present: Drs. E. Dyer, W. F. Norris, and W. Thomson, of Philadelphia; C. R. Agnew, H. D. Noyes, and D. B. St. John Roosa, of New York; H. W. Williams, and B. Joy Jeffries, of Boston; John Green, of St. Louis; Charles E. Rider, of Rochester, N.Y.; and A. D. Williams, of Cincinnati.

Prof. Donders presided. The session lasted three days, and a number of interesting communications, some of which called forth much discussion, were made. We hope to have room for a list of these in our next issue.

The second meeting of the Congress will take place in America, in 1876.

THE TICHBORNE CASE.

NO one can have taken any interest in the proceedings in the Tichborne trial, or in the subsequent course of the claimant, without being struck with the difficulty of getting at the truth in questions of doubtful identity. The case of Armand Dutilh, executed for the personation of Peter Guerre, in France, was familiar to us in our boyhood, and many other illustrations of the same kind have occurred. But not the least curious feature of the Tichborne case is, that in spite of the decision of the court, and of the fact that a charge of perjury is pending against the now defeated

claimant, he still has so large a following that he is able, with the aid of two members of Parliament, to hold public meetings in various parts of England, and to engage a strong popular sentiment in his behalf. We cannot but look with curiosity for the final issue of this extraordinary transaction.

SPIRITUALISM.

A REVIEW on this subject, in the *Journal of Psychological Medicine* for July, has forcibly impressed us with the inadequacy of the results arrived at by all the "mediums" and their "manifestations." Admitting, for example, the entire story of Mr. Home's "levitations" and "elongations," what does it all amount to? Is any light thrown upon the great problems which engage man's soul when he looks beyond this life? Or, to take a lower view, has any practical advantage ever been gained in the transaction of temporal affairs? The whole thing seems to be stamped with a childish unreality and aimlessness, which deprives it of all weight or value in the eyes of practical men.

AN ANSWER TO DR. H. C. WOOD, JR.'S CRITICISM ON DR. PEUGNET'S VIEWS IN REGARD TO VERATROIDIA AND VIRIDIA.

BY EUGENE PEUGNET, M.D.

THERE appears in the August 15, 1872, number of this journal, a criticism by Dr. H. C. Wood, Jr., on a chemico-physiological paper on veratrum album, veratrum viride, and the alkaloids, read by me before the New York County Medical Society, and subsequently published in the *Record*.

Whilst preparing the above-mentioned paper, I necessarily found that some of my views were essentially divergent from those of other observers and experimenters. Therefore, when I digressed from others, I did it without hesitancy, "selecting the grain and casting the chaff to the winds." I necessarily expected to have my paper criticised and reviewed; but I must admit that I did not expect this attempted philippic of Dr. Wood's, this "almost unique" criticism. After a careful perusal of it, I can arrive at but one conclusion; that is, that the doctor must have read my paper in an exceedingly careless and superficial manner.

For instance, he opens as follows:

"It is, however, only of the original experimental portion of the essay that I desire here to speak.

"This part of the memoir the author commences as follows:"

and he makes me begin at p. 127, second column, fifth line from the bottom, *Medical Record*, whilst I actually commenced at p. 121, first column, fourteenth line from the bottom. The very paragraph he quotes is *primâ-facie* evidence of his superficial reading; for in it I allude to my chemical experiments.

It is, therefore, evident that my critic should not have exclaimed with such self-assurance, "If he rests

his decision upon chemical investigations, he should say so more plainly, and by all means give the tests." He will find that on p. 122, first and second columns, the distinct tests are given, with the single exception of differential analysis.

He then endeavors to cast a doubt on my physiological deductions. If he again refers to the *Record*, p. 129, first column, beginning at last line, the doctor will find that I do not base my opinion on my experiments alone.

The doctor, in the same happy vein, emphasizes as follows:

"A most curious blunder occurs in this connection, where I am made to prove that the 'peculiar action on the alimentary canal is through the pneumogastric nerve; for there was no vomiting and purging, except in the animals in which he had not divided the pneumogastries.' Every reader of the *American Journal of the Medical Sciences* knows that I published in it some months since an elaborate series of experiments which absolutely disprove such deductions."

If "every reader" and the doctor will now turn to the January, 1870, number of the above-mentioned journal and examine Exp. 11, 12, 18, 19,—experiments in which the pneumogastries were *not divided*, there was *vomiting and purging*; whilst in Exp. 23, in which the pneumogastries were divided, there was *no vomiting or purging*.

His experiments with veratria (sabadilla), a more active congener of the veratroidia, give similar results: vide Exp. 14, 24, and 25.

Therefore, if the critic's assertion is correct, I trust that he will have the candor to admit that there "must have been a curious blunder," either in the report of his experiments or in the experiments themselves; which I did him the justice to consider reliable.

In reference to viridia, he says,—

"In regard to the latter, there is no doubt but that Dr. Peugnet and myself both witnessed the same phenomenon, one interpreting it as the result of sedation, the other of stimulation."

As Dr. Wood *does not know* whether he made use of pure tested viridia or not, whilst I am positive that I did, his deductions are certainly less deserving of consideration. Again, Dr. Wood says,—

"Nor can I understand on what grounds Dr. Peugnet insists that the convulsions of viridia-poisoning are from overstimulation, whilst those caused by veratroidia are from sedation; they both being accompanied with marked paralysis, and also very similar in their concomitants."

The doctor is very obscure here. If he bases his assertion on his own experiments, he is undoubtedly right; but most assuredly he cannot assert that there was the slightest degree of paralysis in my experiments XIV. to XXIII. inclusive, made with pure tested viridia, and in that case he would manifestly be in error.

The doctor's mistake has been to consider my chemico-physiological investigations, like his, simply a physiological investigation.

Further, I asserted, and do affirm, that the poisonous

action of pure tested viridia is similar to that of strychnine; and surely strychnine convulsions are not from sedation.

He also objects to my conclusions in reference to the circulation, as I did not make use of the cardiometer. I did not deem it necessary; for, as he admits that "there was no slowing of the pulse" in my experiments with the viridia, its use was not necessarily indicated.

In reference to my assertion that he made use of viridia contaminated with veratroidia, the critic states, "It appears, however, easy to disprove this by his own statements and admissions," and quotes *only a portion* of a paragraph from p. 130, second column, thus effectually—unintentionally, I trust—destroying the meaning, the expression of the entire paragraph; and for his benefit I quote the whole; his quotation is in italics:

"This last experiment is of special interest, for it demonstrates the importance of fully separating the alkaloids; it also serves to explain the cause of the fallacy of Prof. Wood's conclusions from his experiments with Bullock's viridia.

"This investigation would be incomplete, for the experiments on myself fail to demonstrate that the powerful sedative action of veratrum resides in the veratroidia, were it not that the explanation of it is facile and conclusive.

"Scattergood, Percy, and Oulmont found that the exhausted resin of veratrum viride possessed a greater sedative action than the veratroidia. Percy called it resinoid; because he thought that it was a complex body, containing a distinct alkaloid. Wood, also, found that the viridia of Bullock possessed a similar power. Bullock has demonstrated that another alkaloid, the viridia, can be extracted from this resinoid by means of acetic acid, for that acid separates the alkaloids from the combined state in which they naturally exist, which neither muriatic nor sulphuric acids have the power of doing, and that is the cause of Scattergood's, Percy's, and Oulmont's failure. I do not believe that the viridia furnished to Professor Wood by Mr. Bullock was entirely free from veratroidia. Either the evaporating or sulphuric acid tests should be tried whilst separating them, and if they fail to give any response it is proof positive that the veratroidia has all been extracted; but what is conclusive to my mind is that he found that the two alkaloids were identical in their reactions, whilst I have shown them to be distinct.

"Therefore I conclude that the experiments of Percy, Scattergood, and Oulmont with the so-called resinoid, and Wood's with Bullock's viridia, demonstrate the physiological effects of the combined alkaloids. Consequently I believe that the following conclusions of Prof. Wood do not apply to the physiological effects of viridia, but to those of the combined alkaloids, for I have shown that the viridia is inert as a sedative, and will prove the accuracy of my assertion by experiments."

"Every reader" will, probably, at once observe by reading the entire paragraph that I meant that Scattergood's, Percy's, and Oulmont's so-called exhausted resin still contained, as well as Bullock's viridia, a trace, a portion of veratroidia in intimate combination with the viridia; for in the first place there is no mineral acid which has the power of fully separating them from the intimate combination in which they exist; whilst in the second, it will at once be self-evident to "every

reader" of Mr. Bullock's (*Amer. Jour. Pharm.*, Sept. 1865, March, 1866) chemical investigations, and of Dr. Wood's physiological investigations, that the first did not by any test endeavor to ascertain whether he had fully separated the alkaloids or not; the latter had evidently a doubt as to the purity of the two alkaloids, vide 1st page, commencing at fourth line from the bottom, of his memoir.

It will thus be seen that it does not sustain, or even warrant, the critic's assertion that

"Here is a series of authorities all agreeing that even viridia contaminated with inert *resin* is much more of a circulatory sedative than veratroidia; from whence it follows that Dr. Peugnet's conclusion is incorrect, unless we agree that the less is more than the greater."

As to the doubt the critic endeavors to cast over my conclusions in reference to the resinoid of veratrum album, reference to my paper will demonstrate the thoroughness of my experiments in regard to the resin, and Dr. Wood should have based his doubts on chemico-physiological deductions, not on *ad captandum* statements.

CORRESPONDENCE.

THE PREVENTION OF EXCESSIVE INFANTILE MORTALITY.

TO THE EDITOR OF THE PHILADELPHIA MEDICAL TIMES:

SOME evils, long familiar, attract general attention only when a startling occurrence forces them before the public mind. Physicians have always been aware that the summer is, in New York and Philadelphia, fatal to infants beyond any other season. They have also known that it is not heat alone, but the *atmosphere of large cities*, under its influence, that proves so destructive in early life. In the community at large, however, these facts have been almost overlooked until, this summer, a single week produced a death-list of 1569 in New York, and the next, of 852 in Philadelphia; in each instance more than double the weekly mortality of the year; the excess being almost altogether due to "diarrhœal diseases" and other affections of young children. Epidemic cholera in 1866 caused 900 deaths in Philadelphia. This number of victims was exceeded in a single month this year by the deaths in our city, from cholera infantum and diarrhœa, in children under five years of age.

Now, a large part of this mortality must be preventable. How may it be prevented? This is a practical question. A natural suggestion growing out of the facts was that first brought out and carried into operation by the *New York Times*: of frequent rural or aquatic excursions for the children of the poorer classes. Already, by the exertions and means of a number of charitable persons, several thousands of infants and mothers have been, in the two cities, taken out upon the water or to the refreshing air of the parks. Of 350 infants in arms upon one of these occasions, a physician remarked that "*two-thirds were ill*." The benefit to many of these was immediate and marked.

This, however, is but a fraction, a beginning, of what is needed. One or two excursions in a season, if they could even include all the babes of the tenement-houses of New

York or of a similar class in Philadelphia, will not greatly check the mortality of those who return to live as they have been living. One thing wanting is to arouse public attention to the miserably unsanitary condition of some parts of our large cities. The work of their reform has begun well in New York, under the well-sustained authority of the Board of Health; but there, as well as here, much more remains to be done. Certain sorts of dwellings (if they can be called such) ought never to be tolerated in any community.

But more yet can be effected, we believe, in mitigation of the excessive infantile mortality of our cities. If it were practicable to *transport to the country*, at the beginning of hot weather, large numbers of infants, with their mothers (the same class as the excursionists), it is certain that the amount of illness and death would be greatly diminished. Why cannot this be done?

It would require, first, the use of ground; which the highest parts of the public parks would furnish, although still more remote and elevated sites might be chosen and obtained. Secondly (as only *summer accommodations* would be wanted), large *tents*,—*army hospital tents*, for example, whose salubrity, as compared with hospital buildings, was so amply proved during the late war. Thirdly, the services of a small number of matrons, stewards, physicians, and nurses, or other attendants. Very few of the last-named would be required; as the mothers necessarily present with their offspring would be able to render nearly or quite all the necessary service. Lastly, of course there must be furnished wholesome food, at least for the adults of the "summer camp." Judicious selection of the recipients of such a charity would be very important. But this would be much more easy than has proved to be the case with the free excursions. Moreover, besides the advantage to the infants rusticated at a critical time (which ought to be fixed as not older than three years, for limitation of the number), there would be a gain of room and air in the crowded parts of the town for those who are left; and also *practical lessons in wholesome living* for a class that needs them much. We doubt whether the expense of several such camps, well administered, would greatly exceed that of the children's free excursions; while the permanent benefit afforded must be many times greater. We commend the subject to our philanthropists.

Yours, etc.,

HENRY HARTSHORNE.

REVIEWS AND BOOK NOTICES.

DISEASES AND DISPLACEMENTS OF THE UTERUS. BY EDW. NESBIT CHAPMAN, M.A., M.D., late Professor of Obstetrics and Diseases of Women and Children, Long Island College Hospital. New York, Wm. Wood & Co., 1872.

In this age of restless eager search after what is new and startling, it is perhaps well to listen to the warning voice of one who calls upon us to stop for a moment and quietly consider whether, on the whole, "our knowledge of better and more successful methods of curing disease will ever be proportionately increased;" when "the writings and practice of certain modern physicians of the largest and broadest scientific acquirements show that they have refined their treatment to such a degree that it is purely expectant and amounts simply to doing nothing."

In order, however, "to prevent the present from sinking into that oblivion which is enshrouding the past," Dr. Chapman has devoted himself to the task, "a humble one, of sim-

ply delineating from personal observation the *histories*, symptoms, pathology, and treatment of the non-gravid uterus." It is evident, therefore, that the first duty of the "Histerologist" (for the doctor repudiates the title of Gynaecologist, on the ground that it is "too broad") is to trace briefly the successive steps by which the science has attained its present growth. This he has done, but in a manner so exceedingly brief that we confess to a moment's astonishment when we found no names to fill the gap between "the older authors" and those of Drs. Tilt, Bennet, and Meigs; but a closer examination showed that the keen satire of the author had escaped us, for he includes under the same head "the older standard works, and those of a later day, by aged professors who are oblivious to the fact that the doctrines taught by them for some thirty or forty years are obsolete, and proven long since 'the airy creatures of the brain.'" After the preliminary note of warning to the eager followers after new truths, we confess that this sneer at dusty old conservatism was quite unlooked for, and we read with eagerness the following pages to determine more fully the tendencies of the author. It soon becomes evident, however, that he too is fired by the spirit of the times, for he argues earnestly, nay, even passionately, in favor of the use of the speculum, denying that these examinations "tear down the barriers which hedge in chastity, and thus, by blunting virtuous sensibility, open the flood-gates of vice." In fact, he unites "with the poor woman who has gone to a doctor for many a long year without being asked to submit to the indignity of a speculum examination, in characterizing the whole proceeding by which she has been relieved of her money as a *swindle*." These are bold words, in these timid, cautious times, when the opposition to the use of the speculum is so strong; but still we read on, assured at least that we shall find, in the hundreds of recorded cases, clinical histories accompanied by careful vaginal examinations, and this alone would make any work on the diseases of women of great value. Can we help, then, expressing a sense of surprise on finding that of forty-one recorded cases taken at random, in only fourteen was any examination made? For a moment we were disposed to judge the author harshly; but, turning to the chapter on the "specula matricis," and seeing the entire absence of any but the oldest forms of the instrument (we do not wish to be understood as *literally* referring to the valvular speculum, incrustated with Pompeian ashes, which now lies in the Museo Borbonico at Naples), a feeling of pity rather than anger came over us. The rules for deportment when introducing the instrument are, however, so terse and admirable that we cannot refrain from quoting them in part, at least. The manner must be "calm, dignified, and positive," but at the same time "easy, collected, and business-like," avoiding on the one hand "familiarity, questionable stories, and a dash of vulgarity," and, on the other, "sickly sentimentalism and mock modesty." The chapter on the anatomy and physiology of the uterus presents, undeniably, points of interest. For instance, the valuable addition to our knowledge is modestly stated in a line or two, that during "the menstrual act" "an elimination of certain noxious principles from the circulation takes place from the utricular glands;" while the uterus is described as "an embryonic hollow muscle, which in the non-gravid state is formed of connective tissue, in which is interspersed a great number of fibre-cells, that under the physiological stimulus of pregnancy are developed into involuntary non-striated muscular fibres;" while "the erectile coat of the vagina (!) in extreme cases of benign disease becomes the seat of a chronic stasis of blood, a state analogous to priapism." Dr. C. objects to the inaccuracy of the term chronic metritis, and insists upon a seven-fold division of the subject, commencing with congestion of the cervical canal and uterine catarrh, and ending in an ascending grade with a definition which none but those possessed of a most retentive memory could successfully grasp. As an illustration of the facility with which this refined diagnosis can be made by one trained to his work by "more than two or three hours' daily practice for more than seven years," numerous cases are given, the points of similarity in which are so striking that their place in the new nosology is at once evident. Take, for instance, two cases of "congestion of the inner cervix."

Case XLIV.—J. S., single. Examination, none. Symp-

ptoms: menses regular, but light-colored and scanty; weakness in back and over hips; tenderness in front; burning, itching sensations in vagina; leucorrhoea copious. Duration, five months. Cause, unknown. Treatment, none. Result, made one visit.

Case XCII.—C. M., married five years. Examination, none. Symptoms: menses return every fourteenth day, free and painful; weakness in back; no leucorrhoea; no forcing, dragging feelings in pelvis. Duration, three months. Cause, unknown. Treatment, none. Result, made one visit.

The symptoms here evidently point to but one condition, and an examination is clearly useless, while the wise friends of the patients could not fail to congratulate them at least on the happy uniformity of the result. But it is useless to quote further. A volume of five hundred pages is made up of statements and clinical histories of which those which we have just given can fairly be taken as representative cases, and when the tired reader fancies that he has reached the end of the work, he finds, in ambuscade, a summary of treatment, with aphorisms and tabulated cases, where the most incongruous points of resemblance have been taken as a basis, and statistical results reached which, like the book itself, are meaningless and worthless.

THERMIC FEVER, OR SUNSTROKE. By H. C. WOOD, JR., M.D. Philadelphia, J. B. Lippincott & Co.

This little book, while showing considerable research, seems to us to present many assailable points in its argument. The author, assuming Morehead's division of cases into "cardiac, cerebro-spinal, and mixed," explains the "cardiac" by the sudden coagulation of the myosin of the heart; while (p. 58) he says, "I feel forced to accord assent to the proposition that thermic and post-mortem rigidity are alike due to the coagulation of a plasma in the muscles."

Now, why so summarily dismiss the view of Vallin, that coagulation of the diaphragmatic myosin is the cause of death in the so-called "cardiac" or rapidly fatal cases? for, by his own experiments, the respiration was primarily affected, as a rule, and the heart often continued pulsating to the last. Moreover, he admits that the diaphragm is at the centre of highest bodily temperature, and it appears to us a question whether the heart could attain to the temperature of the diaphragm, unless the blood were hotter than the tissues. The author, however, dismisses the whole theory by one experiment, No. 3, p. 43, in which the diaphragm of a cat responded somewhat after death to the galvanic current.

Again, why should, in any case, death result from coagulation of the myosin of the *left* ventricle, when venous is hotter than arterial blood?

The author takes the ground that heat, and heat alone,—heat from without,—is the cause of the destructive action; not heat generated by disease or by nerve-centre lesion. In this connection it would be of the greatest interest to know whether there is ever a post-mortem rise of temperature in death from the effects of heat, as occurs in cholera,—wherein also are found early rigor mortis, ante-mortem spasm, and acid reaction of the muscular tissue,—and in tetanus; but we find no mention of it in this book. For evidence, however, that such post-mortem rise does occur, see Wunderlich, "Medical Thermometry," p. 131.

On p. 83 the conclusion is reached, that the nervous symptoms of sunstroke are due to the "direct action of the heat on the cerebro-spinal axis, and that death itself by asphyxia is brought about by the same influence." The only objection which seems of weight to the author, viz.: that death is secondarily produced through the medium of a congested brain, he answers by "three facts," which we will examine seriatim.

1. "Sudden epileptiform convulsion is not generally the result of congestion of the brain." True; but exceptionally it might be, and this is a particular case, viz.: sunstroke.

2. "Opening the skull through the longitudinal sinus . . . did not stop the convulsion." But the convulsive action, once set up, is not always at once arrested by removal of the cause.

3. "Abstraction of the heat by pouring of cold water over the head sufficed to produce immediate cure." Here the grave question arises, Can we abstract heat from the deeper

tissues so immediately as to immediately cure?—though, by the way, three out of the four animals so cured died shortly afterwards. If we correctly remember some experiments reported by Dr. S. Weir Mitchell to the Pathological Society some years ago, heat was not so easily abstracted from the deeper tissues, though reflex contraction followed the sudden cooling of the skin; in which view, if *cure* did follow the "pouring of cold water," it would manifestly be due to the relief, by reflex contraction in the cerebral circulation, of that congestion the existence of which the author denies.

On pages 84 and 85, the author, while opposing Richardson's view of capillary spasm, will be found to assert—if his somewhat involved and clumsy sentences be paraphrased into straightforward English, and the ingenious puzzle in which he has involved himself be solved for him—that capillary spasm cannot exist, because the pupils in the comatose stage are contracted. But on page 19, in referring to the many cases which he has himself seen, all in the comatose stage, he says, "The pupils sometimes dilated, sometimes nearly normal, sometimes contracted." But such little inconsistencies are not at all rare; as, in describing the condition of the blood (page 98), he says it is "similar to that seen in low fevers;" while on page 89 he asserts, "The blood has not lost its vitality; . . . it is not dead;" and again, page 20, "Petechiæ and ecchymoses, the evidences of broken-down blood, were present in some of my cases; . . . in one or two instances, even, a fetid hemorrhagic exudation from the nostrils during life."

On page 89, the remarkable absence of oxygen in the blood of heat-stroke is noted, and explained by "oxidation under the influence of high temperature." But the no less remarkable want of increase in the carbonic acid, as shown by his adduced analyses, is unnoticed; and we would like to see it satisfactorily accounted for. Surely, if by oxidation the oxygen disappeared, by the same action the carbonic acid should have increased.

It seems to us, after reading page 100, that there remains yet something unaccounted for. For we know that in certain occupations far higher temperatures than that of our summer are often endured without the symptoms of heat-stroke; and exhaustion in such occupations must occur in a cool part of the year, to possess any significance.

Pages 100-102. There seems some uncertainty here; for, while asserting previously that direct heat, and heat only, is the cause of sunstroke, the author so far shifts his ground as to say, "Until the stimulus of the heat becomes so intense as to paralyze either the heat centre or the vaso-motor nerves; . . . and then there is probably a sudden intensifying of the oxidation processes, and a further rise in temperature" (our own italics). Here the principle for which the author has been contending is given up. The assertion contained in the italics we have already answered by his own quoted blood-analyses, and so ask, Where is the proof?

In connection with the author's case of typhoid fever, page 101, reference might well have been made to the series of cases reported by Hermann Weber, "Trans. Clin. Soc. Lond.," vol. i., on "Sudden death from the nerve-centres in rheumatic fever, with excessive temperature before death," and "Lesion of the cervical portion of the spinal marrow, exhibiting the phenomena of heat-stroke,"—cases bearing the most curious and complete likeness to heat-stroke, even in the minutiae of symptoms and post-mortem appearances. These cases alone, had they come within his notice, might well have deterred our author from such bold yet conflicting assertions as are to be met with throughout his book.

On page 100, speaking of the application of cold, he says that if it be applied "before it" (heat) "has produced permanent injury to the nervous system, blood, or other tissues," the animal recovers. But how are we in the human subject to tell when these destructive effects occur? Unfortunately, by his testimony, destruction has preceded the most excessive rise of temperature.

That the experiments narrated in this book did not develop true heat-stroke is evident, especially the "hot-bonnet" series. True, the unfortunate animals died, and came up to the standard in certain post-mortem conditions; but where were the prodromes? What intimate connection is there between an animal baked or boiled to death, and such cases as those

referred to of Dr. Barclay, on page 14, where he says, speaking of his Indian experience, "Although the air became cooler, . . . yet seven more fatal cases occurred in three days," and the many cases occurring at night?

In treatment, our author has nothing new to offer, though mentioning what many may not know,—the hypodermic injection of morphia, as suggested by Dr. Herbert Norris and recommended by Dr. J. H. Hutchinson, and the inhalation of chloroform; unless we are to consider as original the combination of the two last procedures in convulsive cases. Might not sulphuric ether prove equally useful, while less likely to overwhelm the already embarrassed heart?

Here we must stop, having many more things to say, but no space in which to say them, with a recommendation that every one should read this book for himself, containing as it does the collected views of many, and opening up afresh an ever-interesting subject.

THE TREATMENT OF VENEREAL DISEASES: A MONOGRAPH ON THE METHOD PURSUED IN THE VIENNA HOSPITAL, UNDER THE DIRECTION OF PROF. VON SIGMUND: INCLUDING ALL THE FORMULÆ. By M. H. HENRY, M.D., Surgeon to the New York Dispensary, Department of Venereal and Skin Diseases, etc. Adapted and arranged from the German. 8vo, pp. 49. New York: William Wood & Co., 1872.

This book, most valuable as an exhibit of the pharmacology of one of the soundest authorities on venereal diseases, is so concise in its style as hardly to admit of analysis. Two or three points may, however, be noted. One is, the great simplicity of the 198 formulæ, the great majority of which contain but one substance, with a vehicle. Another is, the comparatively prominent place given to mercury in the treatment of true syphilis, while the iodide of potassium is assigned "a back seat." We note also that this latter remedy is several times directed to be made up into pills; and that its local employment, in combination, is approved of.

On p. 19 we observe (Formula No. 30) that gr. v of muriate of morphia in fʒij of distilled water—and on p. 20 (Formula No. 31), that gr. j of sulphate of atropia in the same bulk of water—are "to be used hypodermically." Does this mean the whole at one injection? We have been in the habit of using one-fourth to one-half grain of morphia, and of feeling our way cautiously with one-eightieth to one-fiftieth grain of atropia; and it seems as if there must be a misprint or an omission in our author's directions, especially as narcotics are elsewhere very sparingly dealt with.

We think Dr. Henry has done a great service in putting this little volume forth. It is only by means of the collation of many views, if at all, that the true therapeutics or the true pathology of venereal diseases can be arrived at; and so far, we have perhaps followed too implicitly the French oracles.

A MANUAL OF QUALITATIVE ANALYSIS. By ROBERT GALLOWAY, F.C.S., Professor of Applied Chemistry in the Royal College of Science for Ireland, etc. etc. From the Fifth re-written and enlarged London Edition. With Illustrations. Small 8vo, pp. 402. Philadelphia, Henry C. Lea, 1872.

This small and unpretending work is in the highest degree practical in its character. Its author, aiming, as he says, "to furnish a suitable guide to the beginner," has done more; since he has provided an excellent hand-book for those who are only occasionally called upon to make chemical analyses. Many physicians will be very glad to have just such a volume on their shelves.

BOOKS AND PAMPHLETS RECEIVED.

The Principles and Practice of Surgery. By Frank Hastings Hamilton, A.M., M.D., LL.D., Professor of the Practice of Surgery with Operations, and of Clinical Surgery, in Bellevue Hospital Medical College, etc. etc. Illustrated with 467 Engravings on Wood. 8vo, pp. 943. New York, William Wood & Co., 1872.

The Treatment of Syphilis with Subcutaneous Sublimate Injections. By Dr. George Lewin, Professor at the Fr. Wilh. University, etc. Translated by Carl Proegler, M.D., and E. H. Gale, M.D. 8vo, pp. 249. Philadelphia, Lindsay & Blakiston, 1872.

On the Functional Diseases of the Renal, Urinary, and Reproductive Organs, with a General Review of Urinary Pathology. By D. Campbell Black, M.D., L.R.C.S. Edin., etc. etc. 8vo, pp. 300. Philadelphia, Lindsay & Blakiston, 1872.

The Magnetic and Mineral Springs of Michigan; to which is prefixed an Essay on the Climate of Michigan. By Stiles Kennedy, M.D. 8vo, pp. 127. Wilmington, Del., James & Webb, 1872.

President's Address before the South Carolina Medical Association Meeting held in Columbia, April, 1872. Yellow Fever in Charleston, 1871, with Remarks upon its Treatment. By Francis Peyre Porcher, M.D. (From Transactions of the Association.) 8vo, pp. 30. Charleston, S.C., Walker, Evans & Cogswell, 1872.

Clinical Observations on the Dementia and the Hemiplegia of Syphilis. By M. H. Henry, M.D., etc. (Reprint from the Amer. Journ. of Syphilography and Dermatology, January, 1872.) 8vo, pp. 15. New York, F. W. Christern, 1872.

GLEANINGS FROM OUR EXCHANGES.

INFLUENCE OF THE MIND UPON THE BODY.—In an article in the *Journal of Mental Science* for July, 1872, by Dr. Daniel H. Tuke, we find the following:

"The rejection of the contents of the stomach from a purely mental state is well exemplified in an experiment made upon one hundred patients in a hospital, and reported by Dr. Durand (de Gros) in his able work '*Essais de Physiologie philosophique*.' The house surgeon administered to them such inert draughts as sugared water; then, full of alarm, he pretended to have made a mistake in inadvertently giving them an emetic, instead of syrup of gum. The result may easily be anticipated by those who can estimate the influence of the imagination. *No fewer than eighty-four-fifths*—were unmistakably sick. How many of the rest suffered from nausea is not stated. We need not approve of the deception of the *infirmier*; but, the experiment having been made, it is a pity so many people should have been rendered miserable without good use being made of their discomfort. In regard to misleading patients generally even *causa scientie*, one of the practical difficulties which the investigation into the influence of the imagination presents, certainly is the unseemliness of making experiments of this nature, and the danger of sullying that strict honor which by no profession is more prized or maintained than by the professors of the medical art.

"The most trivial matter attaches certain ideas to certain places, persons, and especially articles of dress, to which they cling with a tenacity which is truly surprising, unless the influence of the association of ideas and the automatic action of the brain be considered; and when the image called up is disagreeable, it will haunt the mind grievously, and may at last cause acts over which the will has no longer any control, and which are those of a madman. Locke calls the association of ideas a disease of the understanding, and it may certainly prove as mischievous in inducing bodily and mental diseases, as it is pernicious in the employment of the reasoning powers and the search after moral truth.

"Van Swieten says, 'I have seen a man who had taken a sufficiently nauseating draught, not only shudder and be nauseated, but also be frequently purged, when he merely saw the cup in which he had taken the medicine;' and adds, '*Sic sola idea fastidiosi remedii renovata purgantis pharmaci vires supplevit, et totum corpus turbavit.*' He compares this to our thinking of sadness, or even feeling sad, when we merely see the word sadness, although it has only an arbitrary connection with it.

"The efficiency of an ideal purgative in exciting the peristaltic action of the intestines has been already incidentally referred to; the following case well illustrates it, and is the more valuable from being the personal experience of a medical man:

"Dr. S. all his life had the greatest horror of taking medicine, although fully admitting the beneficial and necessary

effects of it, and constantly prescribing it judiciously for others; he consequently never took it. After a certain period of life, however, he began to experience a torpidity of the bowels and all the consequent uneasiness, rendering it apparent to himself that relief could only be obtained by the means he prescribed to his patients,—namely, the taking of medicine. After due deliberation, accordingly, and conflict with himself, he decided upon taking some, and, imagining that an ordinary dose of salts would answer all the purpose, and be less nauseous than most others, he carefully mixed one and laid it by his bedside at night to be taken in the morning when he first awoke. The proximity of it, however, and the impression on his mind of the horrible dose which awaited his first waking, banished sleep from his eyes, and kept it continually before him. At length, however, he did sleep, and even then the vision did not leave him, but, like the haunting phantom of the roasting pig to the slumbering glutton, it assumed various guises and positions to his mind, the difference alone being that his was more purely imaginary, as he had not swallowed the cause of the mental disturbance, which the other had; but suffered from the anticipation. At length, however, he awoke, and, so far from requiring the prepared medicine, found all occasion for it removed by an effort of nature; and from that time he declares that he has nothing to do when suffering from torpid bowels but to lay a dose by his bedside at night, and that it as effectually acts as if he had swallowed it.' ('*Medical Essays*,' by Dr. Sealy, p. 64)."

THE ANTISEPTIC METHOD IN SURGERY.—Dr. Paul Güterbock, of Berlin (*Archiv für klinische Chirurgie*, xiii. 2, 1872; *Schmidt's Jahrbücher*, No. 2, 1872), discusses fully the advantages and disadvantages of Lister's dressing. To the argument used by Professor Lister against his opponents that his method has never been closely followed by them, it is a sufficient answer that he himself, since his first contribution on this method, has modified it in many different ways. Of chief consequence in this method is always the local use of carbolic acid, which produces cauterization following immediately on the injury, and continued for some time. This is proved by the early contributions of Professor Lister on this subject. For this reason German surgeons have not practised the prophylactic washing out of wounds with irritant fluids, and have latterly used carbolic acid in diluted forms. Even by diluting it, and by using lac plaster, the caustic action of carbolic acid is not quite removed. Likewise, when one carries out a plan seldom resorted to by Professor Lister, and places pieces of lint, dipped in olive oil, between the wound and the carbolic paste, the caustic action of the carbolic acid cannot be altogether avoided, as this agent may flow from the paste, and become mixed with the olive oil. In the more recent modifications of Lister's process, the caustic action is not so intense as it would be if applied according to the early methods. In all, however, one circumstance has to be considered, namely, that after the first cauterization with the acid, the tissue-detritus thus produced form a crust, which ought not to be removed. The eschar formed by carbolic acid does not extend very deeply, and the cauterization with this acid of wounds which have been attacked by hospital gangrene or by diphtheria has the disadvantage, that after it the surgeon cannot determine with precision the extent of the disease, since the pulpy surface of a wound in a case of hospital gangrene very much resembles an eschar produced by the action of carbolic acid. The differential diagnosis can only be obtained by constant watching, by the general condition of the patient, and by other phenomena presented in the parts about the wound. Wounds treated with carbolic acid have but a slight tendency to heal, as has been acknowledged by Professor Lister himself, who has, in order at last to favor cicatrization, substituted for the antiseptic dressing some other application. This action of the antiseptic method Dr. Güterbock can confirm by his own experience. As after cauterization with carbolic acid the eschar is but slowly detached, there is but a slight tendency to inflammatory reaction, and the wound is tardy in healing. The carbolic acid does not in every case give rise to the formation of eschars; when such are not present there is superficial mortification of the tissues. This condition may be suspected when granulations secrete but little, and when there is a tendency in the capillaries to bleed, and

no progress towards healing. In a case of this kind, reported by Dr. Güterbock, all these symptoms disappeared as soon as chlorate of potash had been substituted for the carbolic acid in the dressings.

This tendency to hemorrhages was observed by Dr. Güterbock in wounds treated according to Lister's method, before these had reached the stage of granulation. A special objection to Lister's method is its hindrance to healing by primary intention, which may be caused by the use of a 1 to 30 solution.

After a prolonged application of carbolic acid, excoriations and eczema appear in the neighborhood of the wound, which lesions, although they have no influence on the course of the disease, are yet very obstinate. Dr. Güterbock, after an operation for pseudarthrosis, performed according to Dieffenbach's method, in which a solution of carbolic acid (1 to 20) was used, observed that eczema persisted for some twenty-four weeks after the healing of the wound. In one case erysipelas occurred as the result of excoriations of this kind. Such instances, however, are but seldom observed. All these results, which are referred to the caustic action of carbolic acid, present in but a small number of cases any contra-indication against the use of the agent, and in the majority do not interfere with the favorable progress of wounds. But the method does not perform all that Professor Lister praises it for. In most of the cases observed by Dr. Güterbock the carbolic acid treatment did not answer to the favorable reports made on it, and imparted no protection against hospital maladies.

To prove this assertion, Dr. Güterbock brings forward thirteen tabulated cases of compound fracture, which, in the course of eighteen months, had been treated according to Lister's method. None of these cases ended fatally; in three the wound was very small; in the remaining ten cases all those bad symptoms were presented which distinguish compound, in opposition to simple, fractures, and erysipelas and hospital gangrene occurred. Of these cases there were but few which presented, at the first, any certain indications for amputation, and such cases did not become more favorable under the influence of Professor Lister's treatment. An actively favorable influence and a protective action against hospital diseases could not be attributed to Professor Lister's plan of dressing in any one case.

Dr. Güterbock reports the following case, which, according to Lister, would be denoted as one of acute traumatic necrosis:

A man, aged twenty-nine years, received the kick of a horse over the right shin-bone, which caused a wound about one inch in length in the inner surface of the leg, extending through the soft parts, and exposing the bone. On the day after the accident there was much swelling of the injured limb, and intense fever. Incisions were then made down to the bone, and the paste and oily solution of carbolic acid were then applied instead of the previously-used simple dressing. The patient progressed favorably, and at the end of a month was discharged. No exfoliation of bone took place.

Dr. Güterbock would not attribute this favorable result of this case to Lister's method, as limited injury and exposure of long bones are often healed by other plans of treatment, and here the antiseptic method was not properly or solely carried out.

Dr. Güterbock has not been able to convince himself of any striking advantage attending the antiseptic method in the opening and subsequent treatment of congestive abscesses. In his opinion, the favorable results obtained by Joseph in the Leipzig clinique are only seemingly opposed to this position, since in these cases no favorable influence upon the primary affection could be made out.

Relatively favorable results have been obtained by Dr. Güterbock in the treatment of wounds and acute suppuration of joints and serous cavities. In four cases of affections of the knee-joint, he did not lose a single patient, and in all instances there was recovery with fair mobility of the limb. The same good results were obtained in two cases of suppuration of the mucous bursa over the olecranon, attended with high fever. Lesions of this kind, Dr. Güterbock allows, may be treated with success by the antiseptic method. He does not, however, inject carbolic acid into wounded joints. He has obtained similar good from the antiseptic treatment of

injuries of tendinous sheaths, but has not succeeded with this method in cases of phlegmon and acute suppuration.

Dr. Güterbock has not found that the use of carbolic acid improves, as it has been stated to do by Professor Lister and his followers, the sanitary condition of hospitals. Since the hygienic conditions of the Berlin hospital have been altered, the results of treatment have been better, although Lister's method has been but seldom practised.

The statistical proofs brought forward by Professor Lister with regard to the small number of fatal cases after amputation and resection do not prove the exclusive value of his method, since at the Berlin hospital, at a time when Professor Lister's treatment was not heard of, just as good results were obtained as those placed to the credit of the antiseptic method. Differences in the results of treatment, such as those in the Glasgow Royal Infirmary and the hospital at Berlin, are quite independent of the antiseptic plan of treatment. It is difficult to answer even the question whether the number of such favorable cases has been much increased by the use of Professor Lister's method.

As a positive result of his inquiries, Dr. Güterbock concludes that Professor Lister's dressing is constantly followed by injurious results, chiefly due to the caustic action produced by every form of its application, whilst the advantages of the method are obtained only under quite favorable conditions, and with the concurrence of especially favorable circumstances, for which reason they, in themselves, are not to be undervalued. To this method is especially applicable the remark of Stromeyer, that many things seem to act as antiphlogistics that prevent the access of air and the fingers of the surgeon.

STRANGULATED HERNIA REDUCED BY TAXIS AFTER PUNCTURE OF THE INTESTINE.—At a meeting of the Académie de Médecine, held May 21, 1872 (*Jour. de Méd. et de Chir. Prat.*, June, 1872), M. Demarquay exhibited a young man in whose case the operation was attempted of puncturing the strangulated loop of the intestine, and removing the liquid and gas contained therein. The patient, who had been the subject of a congenital inguinal hernia, having passed the day in company with his family at Versailles, had become quite fatigued, and in the course of the evening was seized with severe abdominal pains, attended with vomiting. At the same time, he became aware of the presence of a swelling of considerable volume in the left groin. As the pain and vomiting still continued on the following day, a physician was summoned, who advised his immediate removal to the hospital, where he was admitted at 6 P.M. Here the tumor appears to have been subjected to a pretty vigorous manipulation by the *interne* on duty, who, failing to effect a reduction, contented himself with making an application of ice. The patient passed a wretched night, and on the following day the symptoms were all aggravated. The tumor had now increased in volume and become elongated, so as to rest in immediate contact with the testicle. M. Demarquay, not having previously met with very good success in operating for strangulated hernia, attempted to effect a reduction by means of taxis, but without any result. He then decided to remove the liquid and gas contained in the intestine. A small trochar was therefore introduced into the centre of the tumor, and the liquid contents of the strangulated portion of the gut entirely drawn off by the aid of the *aspirateur*. In this manner about 120 grammes of liquid were withdrawn, besides a considerable amount of gas. The swelling at once subsided completely. The trochar was then withdrawn, and the intestine left to itself for a few moments, in order to see if additional liquid and gas would find its way into the loop, and thus cause the swelling to return. As there was no indication that the intestine would be refilled, a very slight amount of pressure was applied to the seat of the tumor, which at once caused the strangulated intestine to withdraw into the abdominal cavity. The patient was confined in bed for several succeeding days, and kept under the influence of small doses of opium. He made an excellent recovery, without exhibiting any subsequent symptoms, with the sole exception of inflammation of one testicle, the result of the repeated manipulations to which he had been subjected. This operation of puncturing the intestine to facilitate reduction by taxis has now been attended with favorable results in several instances, and is worthy, therefore, of a trial in those cases in

which sufficient time has not already elapsed to allow of mortification.

In the following number of July are published two additional cases of strangulated hernia successfully treated according to the method of Demarquay above described, by puncture and pneumatic aspiration, and reported by Dr. Chauveau, of Courtelain.

NEW REAGENT FOR BLOOD.—H. Struve (*Zeitschr. f. Anal. Chem.*, 1872) found that the coloring-matter of blood is best precipitated in the following manner: To the liquid containing blood, a little ammonia or caustic potassa is added, then a solution of tannin, and finally acetic acid, until the reaction is distinctly acid. The dark-colored precipitate, tannate of hæmatin, subsides rapidly, is easily collected, washed and dried, and yields, when treated with sal-ammoniac and glacial acetic acid, the well-known hæmin crystals.

20 c.c. of urine containing 0.023 per ct. of blood yielded an abundant precipitate sufficient for many experiments for hæmin.

A SOURCE OF ERROR IN THE ESTIMATION OF SUGAR WITH FEHLING'S SOLUTION.—D. L. Brunner (*ib.*) has found that some kinds of filtering-paper are very appreciably dissolved by alkaline solutions of copper; he therefore recommends to ascertain this behavior of the copper solution for each lot of filtering-paper, or to convert the cuprous oxide obtained in the process into cupric oxide.

MISCELLANY.

By an act of the British Parliament, just passed, it is ordained that no person shall use or employ, in any manufactory or any other place, any steam whistle or steam trumpet for the purpose of summoning or dismissing workmen or persons employed, without the sanction of the sanitary authority, and every person offending shall be liable to a penalty not exceeding five pounds, and to a further penalty not exceeding forty shillings for every day during which such offence continues. The act is not to extend to Scotland.

RELATION OF WEATHER TO COLLIERY EXPLOSIONS.—A careful collation of meteorological records for given localities and the explosions from fire-damp in coal-mines in Europe, has shown that there is a very close relationship between the two, and that alterations in the meteorological condition are proximately the cause of most colliery accidents. Out of 550 given explosions investigated, it is thought that 266 may be attributed to the state of the barometer, and 123 to that of the thermometer, while the remaining 161 were unaccounted for on meteorological grounds: thus, 70 per cent. of the whole were directly related to meteorological influences. It is suggested that special care should be exercised in mines after a fall of the barometer, although the explosions in most cases do not occur until several days after the depression has reached its minimum. The greatest number of accidents are said to occur when a serious storm follows a long period of fair weather. Elevation of temperature, of course, greatly interferes with the natural ventilation of a colliery; and hence, if a warm day occur in a cold season, when natural ventilation is relied upon, it is very likely to be followed by an explosion. For a like reason the first hot days of spring are quite often marked by colliery accidents.

SUPERSTITION IN ENGLAND.—"At last week's meeting of the Wigan Board of Guardians," says the *London Echo*, "a case was brought forward relating to an extraordinary superstition in Lancaster. The assistant overseer of Ashton-in-Makerfield had sent to the Wigan Workhouse a woman who gave the name of Catherine Collins, and who had been sitting

all day on a door-step, and was wholly destitute. She stated that she had come out of the Salford Workhouse, on leave, to have 'the holy hand' applied to her paralyzed side. Mr. Clarke, one of the guardians for Ashton, stated to the board that hundreds of persons visited the township for similar purposes. The holy hand is kept by the Roman Catholic priest at Garwood, in Ashton township, and is preserved with great care in a white silk bag. Many wonderful cures are said to have been wrought by this saintly relic, which is alleged to be the hand of Father Arrowsmith, a priest who is said to have been put to death for his religion at Lancaster. When about to suffer, he desired his spiritual attendant to cut off his right hand, which should then have power to work miraculous cures on those who had faith to believe in its efficacy. The story of the unbelievers is that Arrowsmith was found guilty of a foul crime, and that the tale of his martyrdom and miraculous attestation to the truth, for which he suffered, was contrived for the purpose of preventing scandal upon the Church. The hand was formerly kept at Bryn Hall, now demolished, the ancient seat of the Gerard family, the present representative of which, Sir Robert Gerard, resides at Garwood."

A CORRESPONDENT of the *Daily News*, at Rome, reports an extraordinary occurrence at Torre del Greco. The Bishop of Ischia, a native of the place, recently died there. As his body was being conveyed to the cemetery,—just, indeed, as it was about to enter the gates,—messengers hurriedly came from the town to announce that the dead prelate was working miracles. The lame had been made to walk, the dumb to speak, and so on. The funeral procession at once turned about, the coffin was carried back to Torre del Greco, and the people along the line of the route were urged to bring forth their sick that they might be restored to health. When the corpse was at length deposited in the church, so convinced were the crowd that the miraculous powers of the deceased attached to every shred of his clothes, that they soon stripped the dead body of all its ecclesiastical vestments, and left it entirely naked. It was in vain that the church dignitaries endeavored to restore order. The people would not listen. At last the church-bells began to ring violently. The crowd rushed out to inquire the cause, the building was closed, and soon after troops came and prevented all further disturbance.

A QUEER STORY was told in the *Paris Figaro*, the other day, which, whether true or not, is worth reproducing. A very respectable pharmacien in Paris, we are informed, by name M. D—, announced some time ago that he was prepared to embalm dead bodies. About six months since, a carriage drove up, and a young gentleman got out and entered the pharmacy. He was well dressed, and very sorrowful. He had lately lost his father, and had brought with him the corpse to have it embalmed. The pharmacien undertook the task, and informed his visitor that two days would be required; at the expiration of which time the young gentleman was to call again. The body was embalmed with sulphate of alumina and various spices and perfumes, and the two days passed, but the young gentleman did not return. Day after day went by; and when a fortnight had elapsed M. D— comprehended that he had been swindled. As a desperate manoeuvre he then placed the embalmed corpse in his window, and labelled it

MOMIE DE RAMESES IV.

ROI D'EGYPTE.

It was not long before this extraordinary curiosity attracted,

as a customer, M. le Baron de C—, who was tempted to add a Pharaoh to his museum. But this nobleman's astonishment may be imagined, when, examining the mummy, he recognized his old friend M. de L—. The pharmacien confessed the truth, and tried to lay all the blame on the well-dressed youth who had so ingeniously avoided funeral expenses. But M. le Baron was not to be deceived again. It was a well-known fact that the young gentleman had absconded, and here there seemed tolerably conclusive proof that he and the pharmacien were accomplices in a most repulsive swindle. M. D— was therefore arrested at the instance of the Baron, and—there the story closes for the present.

A LUCRATIVE PRACTICE.—The Boston *Medical and Surgical Journal* says that it is stated on good authority that Sir William Gull, of Guy's Hospital, London, has the most lucrative practice of any living physician, his professional income last year being estimated at £25,000.

SINGULAR SUICIDE OF A PHYSICIAN.—On the 23d of August, Dr. Jewett, of North Haven, Me., liberally educated, but a very eccentric old man, went into his office, emptied a can of kerosene about the room, severed the femoral artery in both his thighs, and set fire to his house.

The neighbors, seeing the flames, ran to the scene, and found the old man, with a single garment on, in the midst of the fire, and weltering in his blood. They dragged him out, but he was past speech, and died immediately. He had no family, and lived alone.

BELGIAN PHARMACOPŒIA.—By a decree of the King of the Belgians, dated 27th of February, a commission has been instituted of professors of the medical sciences to revise the official code of that country, and Drs. Crocq, Chandon, Depaise, Gille, and Lesebre have been named as members of the committee.

AN enthusiastic writer in the *London Telegraph*, of August 10, asks, "What was the might of Achilles, after all, with his brutal strength and coarse valor, to the fine, subtle, compact fighting-power crystallized in the *pia mater* of Adolphe Thiers?"

Perhaps he meant *pineal gland*.

FEMALE MEDICAL OFFICER.—Miss S. J. Williams, M.D., has been appointed city physician by the corporation of Springfield, Massachusetts.

THE GERMAN UNIVERSITY AT STRASBOURG.—According to the *Lancet*, the Faculty of Medicine of this institution is almost completely organized. Prof. Hering, of Prague, has lately been appointed (the chair not stated); also the following: Professors Oscar Schmidt, of Grätz (zoology), Waldeyer (anatomy), Hoppe-Seyler (physiological chemistry), Von Recklinghausen (morbid anatomy), Schmiedeberg (materia medica), Leyden (medicine), Lücke (surgery), Gusserow (midwifery and diseases of children), Von Krafft-Ebing (mental diseases), Laqueur (ophthalmology).

Cohnheim, whose researches are so well known, goes to Breslau, to take the chair vacated by Professor Waldeyer.

HONOR TO A SURGEON.—We see it stated that the Japanese government has sent swords of honor as complimentary gifts to a number of the distinguished officers of the German army, and among the rest one to the surgeon-general, Dr. Grimm.

SINGULAR, IF TRUE.—We find the following in one of the daily papers:

"A Swiss gymnast, who, like some orators, made his living by his powerful jaw, recently came to grief during a performance. On this occasion he took a barrel of flour in his teeth, and attempted, with no other aid, to throw it over his head. His teeth stood the strain, but his spinal column was not equal to the occasion, and became dislocated, from which the unfortunate man died."

BLOOMINGDALE ASYLUM.—So many complaints have been made in regard to this institution, that Governor Hoffman has appointed a Commission to investigate its affairs. The only medical member of the Commission is Dr. Hun, of Albany.

ACQUITTAL OF SCHOEPE.—The jury in this case on its second trial, after a consultation of fifteen minutes, brought in a verdict of not guilty, and the prisoner was at once discharged.

MORTALITY OF PHILADELPHIA.—The following reports are condensed from the records at the Health Office:

	For the week ending	
	Aug. 31.	Sept. 7.
Consumption	37	37
Other Diseases of Respiratory Organs	11	19
Diseases of Organs of Circulation	10	12
Diseases of Brain and Nervous System	50	49
Diseases of the Digestive Organs	21	19
Diseases of the Genito-Urinary Organs	15	6
Zymotic Diseases	20	21
Cholera Infantum	50	26
Casualties	16	14
Cancer	5	7
Marasmus	26	25
Old Age	11	9
Stillborn	9	17
Suicide	1	1
Sunstroke	2	0
Murder	1	1
Unclassifiable	37	38
Unknown	1	1
Totals	323	302
Adults	133	131
Minors	190	171

OFFICIAL LIST

OF CHANGES OF STATIONS AND DUTIES OF OFFICERS OF THE MEDICAL DEPARTMENT U. S. ARMY, FROM AUGUST 19, 1872, TO SEPTEMBER 4, 1872, INCLUSIVE.

MOORE, JNO., SURGEON.—By S. O. 159, Department of the East, August 21, 1872, granted leave of absence for twenty days.

ALDEN, C. H., SURGEON.—By S. O. 71, Department of the Lakes, August 5, 1872, relieved from duty at Fort Gratiot, Michigan, and assigned to duty at Fort Porter, N.Y.

NOTSON, WM. M., ASSISTANT-SURGEON.—By S. O. 73, Department of the Lakes, August 7, 1872, assigned to duty at Fort Mackinac, Michigan.

TREMAINE, W. S., ASSISTANT-SURGEON.—By S. O. 142, Department of the Missouri, August 29, 1872, granted leave of absence for fifteen days.

JESSOP, S. S., ASSISTANT-SURGEON.—By S. O. 133, Department of the Missouri, August 17, 1872, assigned to duty with 6th U. S. Cavalry, in camp near Fort Hays, Ks.

CARVALLO, C., ASSISTANT-SURGEON.—By S. O. 195, War Department, A. G. O., August 22, 1872, to report in person to the Commanding General, Department of the Lakes, for assignment.

By S. O. 201, War Department, A. G. O., August 29, 1872, the following changes are made:

KINSMAN, J. H., ASSISTANT-SURGEON.—Relieved from duty in Department of the South, and to report in person to the Commanding General, Department of Dakota, for assignment to duty.

YEOMANS, A. A., ASSISTANT-SURGEON.—Relieved from duty in Department of the Gulf, and to report in person to the Commanding General, Department of the East, for assignment to duty.

MATTHEWS, W., MUNN, C. E., EWEN, CLARENCE, ASSISTANT-SURGEONS.—Relieved from duty in Department of Dakota, to proceed to New York City and report, upon arrival there, by letter to the Surgeon-General.

SEMPLE, J. E., ASSISTANT-SURGEON.—Died during August, 1872, while en route to Department of the Gulf.

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Graduating fee	30

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Clinical Midwifery, with Cases,	DR. J. SOLIS COHEN.
	DR. I. RAY.
	DR. F. H. GETCHELL.

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Matriculates of the College will be entitled to attend the entire course on payment of a registration fee of \$5. Non-matriculates will pay in addition \$35, which will be deducted from the fees of the winter course when the tickets for that course are issued.

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For further information respecting the summer course of lectures, address

F. F. MAURY, M.D.,
Secretary of the Summer Association,
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PHILADELPHIA, October 2, 1871.

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Attending Surgeons, T. G. MORTON, M.D., A. DOUGLASS HALL, M.D., R. J. LEVIS, M.D., GEO. C. HARLAN, M.D.

Assistant Surgeons, W. THOMSON, M.D., W. W. MCCLURE, M.D., H. E. GOODMAN, M.D., L. H. ADLER, M.D.

Daily Clinics at 11 o'clock A.M.

Operative Clinics on Wednesdays and Saturdays, at 12½ o'clock. Attendance free.

During the months of November, December, and January, Drs. LEVIS, HARLAN, and THOMSON will give a course of lectures, didactic and clinical, on Ophthalmic Surgery. Fee, \$10.

During April and May, Dr. HALL will give Ophthalmoscopic demonstrations at the Hospital. Fee, \$10.

ORTHOPÆDIC HOSPITAL.

(NO. 15 NORTH NINTH ST., OPPOSITE UNIVERSITY OF PENNSYLVANIA.)

Attending Surgeons, D. H. AGNEW, M.D., T. G. MORTON, M.D., H. E. GOODMAN, M.D., S. W. GROSS, M.D.

Attending Physician, S. WEIR MITCHELL, M.D.

ST. MARY'S HOSPITAL.

(85 beds.)

Attending Physicians, J. CUMMISKEY, M.D., C. PERCY LA ROCHE, M.D., LUCIUS S. BOLLES, M.D.

Attending Surgeons, W. W. KEEN, M.D., J. H. GROVE, M.D., A. D. HALL, M.D., H. S. SCHELL, M.D.

Resident Surgeons, S. BROUGH, M.D., J. O'NEILL, M.D.

Daily Dispensary service is held as follows: Surgical Diseases, Mondays and Thursdays, 1-3 P.M., Drs. T. B. REED and F. H. GROSS; Diseases of the Eye and Ear, Tuesdays and Fridays, 10½-11½ A.M., J. H. GROVE, M.D.; Medical Dispensary, Tuesdays and Fridays, 1-5 P.M., J. CUMMISKEY, M.D.; Diseases of Women, Wednesdays and Saturdays, 1-5 P.M., J. H. GROVE, M.D.

CHILDREN'S HOSPITAL.

(TWENTY-SECOND STREET, BELOW WALNUT.)

Physicians, HILBORNE WEST, M.D., JAMES H. HUTCHINSON, M.D., D. MURRAY CHESTON, M.D., WM. PEPPER, M.D.

Surgeons, H. LENOX HODGE, M.D., GEORGE C. HARLAN, M.D., JOHN ASHHURST, JR., M.D.

Assistant Physicians, GEORGE A. REX, M.D., HORACE WILLIAMS, M.D.

ST. JOSEPH'S HOSPITAL.

(200 beds.)

Physicians, J. J. REESE, M.D., GEORGE K. MOREHOUSE, M.D., WM. V. KEATING, M.D., JAMES TYSON, M.D.

Surgeons, C. S. BOKER, M.D., W. F. ATLEE, M.D., E. A. PAGE, M.D., J. H. BRINTON, M.D.

Obstetricians, J. D. BRYANT, M.D., A. C. BOURNONVILLE, M.D.

Pathologist, JOSEPH LEIDY, M.D.

AUTUMN AND WINTER SESSION OF 1871-72.

	UNIVERSITY OF PENNSYLVANIA.			JEFFERSON MEDICAL COLLEGE.			PENNSYLVANIA HOSPITAL.			PHILADELPHIA HOSPITAL.		
	Lecturers.	Days and Hours.	Fees.	Lecturers.	Days and Hours.	Fees.	Lecturers.	Days and Hours.	Fees.	Lecturers.	Days and Hours.	Fees.
<i>Anatomy</i>	Leidy	M 11 A.M. Tu Th F 3-30 P.M.	\$20	Pancoast	M Tu Th F 4 P.M.	\$20	.....	.....	.....	.....	.....	.....
<i>Surgery</i>	Agnew	Tu Th F 12 M.	\$20	Gross	M Tu Th F 11 A.M.	\$20	.....	.....	.....	.....	.....	.....
<i>Physiology</i>	F. G. Smith	M W S 5 P.M.	\$20	J. A. Meigs	M Tu F 5 P.M.	\$20	.....	.....	.....	.....	.....	.....
<i>Materia Medica</i>	Carson	M 12 M. Tu Th F 4-30 P.M.	\$20	Biddle	W S 4 P.M. Th 12 M.	\$20	.....	.....	.....	.....	.....	.....
<i>Chemistry</i>	Rogers	Tu Th F 11 A.M.	\$20	Rand	M Tu F 12 M.	\$20	.....	.....	.....	.....	.....	.....
<i>Practice of Medicine</i> ...	Stillé	M Tu Th F 10 A.M.	\$20	Dickson	M Tu Th F 10 A.M.	\$20	.....	.....	.....	.....	.....	.....
<i>Obstetrics and Diseases of Women and Children</i>	Penrose	M W S 4 P.M.	\$20	Wallace	W Th S 5 P.M.	\$20	.....	.....	.....	.....	.....	.....
<i>Regional Anatomy</i>	Hodge	Tu F 7 P.M.	\$10	W. H. Pancoast	Tu Th F 7 P.M.	\$10	.....	.....	.....	.....	.....	.....
<i>Practical Anatomy</i> ...	The Dissecting-room will be open throughout the day and evening. Abundant material for dissection, at small cost.			The Dissecting-room will be open throughout the day and evening. Abundant material for dissection, at small cost.			.....	.....	.....	.....	.....	.....
<i>Operative and Minor Surgery</i>	Hunter	At convenient hour.	\$10	W. H. Pancoast	M 7 P.M.	\$10	.....	.....	.....	.....	.....	.....
<i>Clinical Medicine</i>	W. Pepper	Tu F 1 P.M.	Free to matriculates.	Da Costa	M Th 1 P.M.	Free to matriculates.	J. F. Meigs; after Nov. 1, Da Costa, Hutchinson	W S 10 A.M. S 10 A.M. W 10 A.M.	Free to all.	Ludlow, Stillé	W 10 A.M. S 10 A.M.	Free to all.
<i>Clinical Surgery</i>	Agnew	W S 12-30 P.M.	Free to matriculates.	Gross; after Jan. 1, Pancoast	W S 12 M. W S 12 M.	Free to matriculates.	Morton, Levis; after Feb. 1, Hewson, Hunt	S 11 A.M. W 11 A.M. S 11 A.M.	Free to all.	Pancoast, Maury, Brinton, Allen	W S 11 A.M.	Free to all.
<i>Clinical Midwifery and Diseases of Women and Children</i>	Goodell	M 1 P.M.	Free to matriculates.	Wallace	Th 1 P.M.	Free to matriculates.	.....	.....	.....	G. Pepper, Duer	W 9 A.M. S 9 A.M.	Free to all.
<i>Special Ward Instruction in Clinical Medicine</i>.....	.....	.....	.....	.....	.....	.....	Hutchinson	At convenient hour.	\$15	W. Pepper	At convenient hour.	\$15
<i>Diseases of Eye and Ear and Ophthalmoscopy</i>	Norris and Strawbridge	Th 1 P.M.	Free to matriculates.	Levis	F 1 P.M.	Free to matriculates.	.....	.....	.....	Wood	Tu F 8-15 A.M.	\$15

AUTUMN AND WINTER SESSION OF 1871-72.

	COLLEGE OF PHARMACY.			PENNSYLVANIA COLLEGE OF DENTAL SURGERY.			PHILADELPHIA DENTAL COLLEGE.			SPECIAL COURSES.		
	Lecturers.	Days and Hours.	Fees.	Lecturers.	Days and Hours.	Fees.	Lecturers.	Days and Hours.	Fees.	Lecturers.	Days and Hours.	Fees.
Anatomy and Surgery	Mears	Tu Th S 12 M.	\$16½	Allen	M W F 8 P.M.	\$20	Keen, at Philadelphia School of Anatomy	M Tu W F 7 P.M.	\$10
Physiology	Tyson	M W F 12 M.	\$16½	McQuillen	M W F 5 P.M.	\$20	.....	.....	.....
Materia Medica	Maisch	W 8.30 P.M. F 7.30 "	\$12	.....	.....	.....	.....	.....	.....	.....	.....	.....
Chemistry	Bridges	M F 8.30 P.M.	\$12	Buckingham	Tu Th S 5 P.M.	\$16½	Howell	Tu Th S 4 P.M.	\$20	.....	.....	.....
Pharmacy	Parrish	M W 7.30 P.M.	\$12	.....	.....	.....	.....	.....	.....	.....	.....	.....
Gynecology and Diseases of Women and Children	A. H. Smith, at Nurses' Home	M W F 8.30 P.M.	\$15
Operative and Minor Surgery	W. F. Jenks, at Philadelphia Dispensary	.....	\$15
Clinical Surgery	Mears	W 11 A.M.	Free to matriculates.	Allen	W 2 P.M.	Free to matriculates.	Keen	Tu 8 P.M.	\$10
Mechanical Dentistry and Metallurgy	Wildman	M W F 5 P.M.	\$16½	Smith	M W F 4 P.M.	\$20	.....	.....	.....
Dental Pathology and Therapeutics	Barker	Tu Th S 4 P.M.	\$16½	.....	.....	.....	.....	.....	.....
Operative Dentistry and Dental Histology	Truman	M W F 4 P.M.	\$16½	Stellwagen	Tu Th S 5 P.M.	\$20	.....	.....	.....
Diseases of Eye and Ear and Ophthalmology	Levis, Harlan, Thomson, at Wills Hospital	At convenient hour	\$10
Physical Diagnosis	Keyser, Collins, Millick, at Philadelphia Eye and Ear Infirmary	F 7.30 P.M. Tu " " M F 12½-2 P.M. Th 1-2 P.M.	Free "
Practical Microscopy	Hutchinson, at 920 Chestnut Street	At convenient hour	\$15
Practical and Medical Chemistry	O. P. Rex, at Philadelphia School of Anatomy	"	\$10
Skin Diseases	Tyson, Richardson	"	\$15
Laryngoscopy	Hare	"	\$15
	Duhring	W S 10.30 A.M.	\$10
	Bertolet, at 920 Chestnut Street	At convenient hour	\$10

PHILADELPHIA COLLEGE OF PHARMACY.

FACULTY.

- ROBERT BRIDGES, M.D., Professor of Chemistry, No. 119 South Twentieth Street.
 EDWARD PARRISH, Professor of Theory and Practice of Pharmacy, No. 800 Arch Street.
 JOHN M. MAISCH, Professor of Materia Medica and Botany, No. 1607 Ridge Avenue.

ANNOUNCEMENT.

The annual courses of instruction in the College commence on the first Monday in October, at 7½ o'clock P.M., and will be continued tri-weekly, on Monday, Wednesday, and Friday of every week, at seven and eight o'clock P.M., until the close of February.

The course on Botany, by Professor MAISCH, will be conducted during the spring and summer. One afternoon a week, commencing in April, will be devoted to these lectures and excursions into the country, affording to the students a means of becoming practically acquainted with the living plants.

Especial attention will be given to the art of dispensing medicines.

FEES.

For each Course of Lectures	\$12
Matriculation Fee (paid but once)	4
Graduating Fee	10

PHILADELPHIA LYING-IN CHARITY.

(126 NORTH ELEVENTH STREET.)

LECTURES ON PRACTICAL OBSTETRICS,

WINTER, 1871-72.

The Winter Course on Practical Obstetrics will be delivered by Dr. A. H. SMITH, commencing Wednesday, October 18, at 8½ o'clock P.M., and continuing, Monday, Wednesday, and Friday of each week, at 8½ P.M., to the end of February.

Pupils are taught carefully all the details of the management of labor, in simple and complicated cases,—especially the diagnosis of position, and forceps-application, as well as the training of monthly nurses.

As many of the members of the class as desire it will have the obstetric patients of the PHILADELPHIA LYING-IN CHARITY assigned to them, during any part or the whole of the period from the 1st of October to the 1st of March, for their professional care and attendance, with the aid of the assistants, if necessary, and under the supervision of the Principal.

Fee for the Course, including practice, \$15.

OBSTETRIC DEPARTMENT OF THE PHILADELPHIA DISPENSARY.

A Course of Lectures will be given on the Mechanism of Labor and Operative Obstetrics, by Dr. W. F. JENKS, one of the Obstetric Physicians to the Philadelphia Dispensary.

Three Didactic Lectures will be delivered each week, and an opportunity will be afforded to each student to become thoroughly familiar with the details of the operation under consideration, by practice on the Manikin and Cadaver.

The obstetric cases which occur in the practice of the Philadelphia Dispensary will be distributed in

rotation to those students who may desire to attend them, after their names have been registered with Dr. Williams (No. 1711 Pine Street, 8 to 10 A.M.).

It is hoped that by this means the students of the class will become familiar with the conduct of normal labor, the indications for operative interference, and the care of the patient during the puerperal state.

The first Lecture will be delivered October 25, in Chant Street.

Fee for the Course of Lectures	\$10
Fee for Registration	5

SPECIAL COURSES OF LECTURES.

PHILADELPHIA SCHOOL OF ANATOMY.

(CHANT STREET, TENTH STREET, ABOVE CHESTNUT.)

COURSES OF LECTURES ON PRACTICAL SUBJECTS.

The following Courses of Lectures will be delivered in this institution during the *Winter Session* of 1871:

- | | |
|---|----------------------------------|
| I. Anatomy | DR. W. W. KEEN. |
| II. Operative Surgery | DR. W. W. KEEN. |
| III. Bandaging, Fractures, and Fracture-Dressings } | DR. O. H. ALLIS, 1005 Walnut St. |
| IV. Physical Diagnosis | DR. O. P. REX. |

The WINTER COURSE OF LECTURES on *Anatomy* will begin on Tuesday, October 10, 1871, at 7 P.M., and will continue until the end of February, 1872.

A systematic course of Lectures on *Descriptive and Surgical Anatomy* will be delivered on Mondays, Tuesdays, Wednesdays, and Fridays, at 7 P.M., illustrated by dissections, models, drawings, etc. The microscopic anatomy of the various tissues will be shown by the class microscope. Dissection will be carried on under the direct and personal supervision of the Assistant Demonstrators of Anatomy.

The Course on *Operative Surgery*, by Dr. W. W. KEEN, will begin on Tuesday, October 17, 1871, at 8 P.M.

Special arrangements may be made for private courses by candidates for the Army or the Navy, or by others.

The Course on *Bandaging, Fractures, and Fracture-Dressings*, by Dr. O. H. ALLIS, will begin on Tuesday, October 17, at 8 P.M.

The Course on *Physical Diagnosis* will be delivered by Dr. O. P. REX, with especial reference to diseases of the chest, beginning on Wednesday, October 18, at 8 P.M.

Fee for each Course, \$10.

For further information, apply to the Janitor, at the rooms, or to

W. W. KEEN, M.D.,
1619 Chestnut St. (3½ to 5 P.M.)

PHILADELPHIA HOSPITAL.

CLINICAL MEDICINE.

Dr. WILLIAM PEPPER will give a course of instruction during the winter months (beginning October 3) in the wards of the *Philadelphia Hospital*.

The special object of this course is to afford opportunities for acquiring thorough practical knowledge of *Physical Diagnosis*, the use of *Electricity* in the diagnosis and treatment of disease, the use of the *laryngoscope*, etc. The course will be given at hours which will not interfere with the lectures at the medical schools.

Fee for the Course, \$15.

Office Students will be received, who, in addition to special instruction, will have every facility afforded them in the prosecution of their medical studies.

Apply at 1215 Walnut Street.

Dr. H. C. Wood will give a Course of Clinical Bed-side Instruction through the winter, at 8½ A.M., Tuesdays and Fridays. Fee, \$15.

THE WILLS OPHTHALMIC HOSPITAL.

(RACE STREET, BETWEEN EIGHTEENTH AND NINETEENTH STREETS.)

OPHTHALMIC SURGERY.

A Course of Lectures, Didactic and Clinical, on Ophthalmic Surgery, will be given at the Hospital during the months of November, December, and January.

The course will embrace all of the important branches of Ophthalmic Science, and will include the Anatomy and Pathology of the Eye, the Physiology of Vision, the Refraction and Accommodation of the Eye, the use of the Ophthalmoscope, and the Operative Surgery of the Eye.

The large Clinics of the Hospital will afford abundant opportunities for the demonstration of the General Diseases, Optical Defects, and Operative Surgery of the Eye.

Each member of the class will be afforded instruction in the use of the Ophthalmoscope, and in the practice of operations on the Cadaver.

The Diagnosis of the Optical Defects which produce Long, Short, or Weak Sight, Astigmatism, Strabismus, etc., and their correction by the scientific use of glasses, will be illustrated by apparatus and clinical demonstration.

Fee for the Course, \$10.

Operative and Clinical Surgery of the Eye,

R. J. LEVIS, M.D., N. W. cor. Arch and 13th Sts. Anatomy, General Diseases of the Eye, and Ophthalmoscopy,

GEO. C. HARLAN, M.D., 1806 Chestnut St. Physiology of Vision, Refraction, and Optical Defects of the Eye,

WM. THOMSON, M.D., 1607 Locust St.

LARYNGOSCOPY AND RHINOSCOPY.

Dr. BERTOLET will give instruction on the above subjects, during the winter months, at the Medical Institute, 920 Chestnut Street. Practical instruction will be given in the use of the Laryngoscope in the examination of patients.

Fee for the Course, \$10.

For further information, apply to

R. M. BERTOLET, M.D.,
107 South Thirteenth St.

DISPENSARY FOR SKIN DISEASES.

(NO. 216 SOUTH ELEVENTH STREET.)

DISEASES OF THE SKIN.

Dr. DUHRING will give a Course of Clinical Instruction upon this subject, beginning early in October. The lectures will be delivered at 10½ A.M. on Wednesday and Saturday of each week, and continue through October, November, and December.

Fee for the Course, \$10.

For further information, apply to

LOUIS A. DUHRING, M.D.,
127 South Eighteenth Street.

PHILADELPHIA EYE AND EAR INFIRMARY.

(ELEVENTH STREET, BETWEEN BUTTWOOD AND SPRING GARDEN STREETS.)

SCHOOL OF OPHTHALMOLOGY AND OTOTOLOGY.

In accordance with one of the objects of the Philadelphia Eye and Ear Infirmary,—viz., "the advancement of the study and treatment of diseases and affections of the eye and ear,"—the trustees have regularly organized a School of Ophthalmology and Otology in connection with that institution, as follows:

P. D. KEYSER, M.D., Lecturer on Ophthalmology.

JAS. COLLINS, M.D., Lecturer on Otology.

J. W. MILLICK, M.D., Demonstrator of Ophthalmoscopy and Otoscopy.

A. B. ECKEL, *Secretary of Board of Trustees.*

The Third Regular Winter Course of Instruction will begin the first week of November, 1871, and will consist of

Didactic Lectures on Ophthalmology, Friday, 7½ P.M.

" " Otology, Tuesday, 7½ P.M.

Clinical Lectures on Ophthalmology, Mondays and Fridays, 12½–2 P.M.

" " Otology, Thursdays, 1–2 "

Courses on Practical Ophthalmoscopy and Otoscopy, Thursdays, 7½ P.M.

Lecturers' and Demonstrators' tickets free.

On the payment of five dollars, a certificate of attendance and proficiency will be given to graduates of medicine who have attended the course.

For tickets and further information, apply to or address

J. W. MILLICK, M.D.,

Assistant Surgeon, and Secretary of Medical Board.

AUSCULTATION AND PERCUSSION.

Dr. HUTCHINSON will begin a Course on the Methods of Physical Diagnosis, early in October, at the classroom of the Medical Institute, 920 Chestnut Street. Clinical instruction will be given in the medical wards of the Pennsylvania Hospital. Fee for the Course, \$15.

For further information, apply to

J. H. HUTCHINSON, M.D.,
2019 Walnut St.

PHYSICAL DIAGNOSIS.

Dr. HERBERT NORRIS will deliver a Course of Bed-side Clinical Instruction on Physical Diagnosis, in the wards of the Episcopal Hospital, during the months of April, May, and June. Fee for the Course, \$10.

PHYSIOLOGICAL AND PATHOLOGICAL LABORATORY.

PRACTICAL MICROSCOPY AND CHEMISTRY.

Drs. JAMES TYSON and HORACE BINNEY HARE will receive students in Practical Microscopy and Chemistry. They will be practically taught the process of qualitative and quantitative analysis of urine and other animal fluids, and the use of the microscope in the study of healthy and morbid tissues. Either course may be taken alone, or both unitedly.

Fee for the combined Course, \$20; for one Course, \$15.

Drs. Tyson and Hare are also prepared to undertake chemical and microscopical investigations for members

of the profession who have not at their disposal the time or appliances requisite.

The urine and its sediments, calculi, blood, milk, morbid growths, and other products of normal and diseased processes, will be examined microscopically, and by chemical analysis, qualitative or quantitative, as may be desired. The charges will be proportioned to the amount of labor involved in each case.

Communications and material for examination should be sent to 332 South Fifteenth Street, Philadelphia.

PRIVATE INSTRUCTION IN MEDICAL MICROSCOPY.

The applications of the microscope in medicine have of late years become so increasingly numerous, facile, and important that systematic acquaintance with the use of the instrument, as an aid to solving the many difficult problems of *diagnosis* and *prognosis*, is almost a necessity for every well-informed practitioner; indeed, the day seems not far distant when educated communities throughout the country will require of their physicians the constant resort to its manifestly invaluable revelations respecting disease.

In view of the demand thus created for more ample opportunities for gaining a practical knowledge of medical microscopy, the subscriber proposes to instruct a limited number of students and graduates, during the winter, by courses of fifteen lessons each, so arranged as to avoid interference with College lectures or other engagements.

Fee (including handbook), \$15.

JOSEPH G. RICHARDSON, M.D.,
Lecturer on Morbid Anatomy in the University of Penna.,
No. 1620 Chestnut Street, Philadelphia.

MEDICAL EXAMINATIONS.

The following Private Associations will give regular medical examinations in connection with the authorized text-books and the lectures at the schools.

In connection with the University of Pennsylvania:

Drs. BOLLING, H. LENOX HODGE, HUTCHINSON, HARLAN, CHESTON, I. MINIS HAYS, and BERTOLET will give Lectures and Examinations daily during the winter session.

Fee, \$30.

Office Students are received, through their preceptors, or upon their own application, for a part or the whole of a three-years course of study. They are admitted to the Winter Examinations and to the Summer School of Medicine, and thus have the benefit of a systematic course of examinations during both the winter and summer. They are instructed *practically* in Anatomy, Bandaging, Dressing of Fractures, Operative Surgery, Ophthalmoscopy, Percussion and Auscultation, Obstetrics, and Examination of Urine. They are also enabled to attend women during confinement.

Clinical Instruction is provided for them at the Pennsylvania Hospital, Philadelphia Hospital, Children's Hospital, and Wills Ophthalmic Hospital.

Bedside Instruction during February, March, and April is given them in the wards of the Pennsylvania Hospital by Dr. JAMES H. HUTCHINSON.

Fee for one year, \$100.

Candidates for admission to the Army or Navy, and those desiring promotion to a higher grade, may obtain the use of the class-rooms, and be furnished with private instruction.

Drs. JAS. TYSON, G. PEPPER, H. C. WOOD, C. T. HUNTER, H. B. HARE, and H. NORRIS will give regular Examinations during the winter.

Special Bedside Clinical Instruction will be given in the

wards of the Philadelphia Hospital,—in Clinical Medicine, by Dr. WOOD; in Diseases of Women, by Dr. GEORGE PEPPER; and in Clinical Medicine, by Drs. NORRIS and HARE, at the Episcopal Hospital.

Fee for the Examinations \$30

Fee for each Clinical Ticket 15

Office Students will be received for the whole or part of a three-years course of study. They will have the advantage of the Winter and Summer Examinations and the private courses of the members of the organization, which include *Special Bedside Instruction* at the various hospitals during the *entire year*.

They will have facilities for becoming practically acquainted with Obstetrics and Diseases of Women, in connection with the Lying-in Charity.

The students will have access throughout the year to the class-rooms, which are furnished with text-books, cabinet of materia medica, manikins, diagrams, etc., and will receive personal direction in the pursuit of their medical studies.

Fee for one year's office instruction, \$100.

Candidates for the Army and Navy are also received.

For further information, apply to any of the above gentlemen.

Drs. W. H. H. GITHENS, R. G. CURTIN, W. F. JENKS, DE F. WILLARD, and J. F. WILSON will examine students both in connection with the regular text-books, and also with the Lectures of the Faculty.

Fee for the Examinations, \$30.

Office Students will be received for the whole or part of the three-years course, and will, in addition to the clinical tickets to the various hospitals, receive the benefit of the Clinic on Diseases of Women at the Nurses' Home for six months in the year, thereby enabling them to perfect themselves in the practical manipulations of all instruments used in the treatment of uterine diseases.

A ticket will also be furnished for a Course of Lectures on the Mechanism of Labor and Operative Obstetrics, by Dr. JENKS, and an opportunity will be afforded *Office Students* to attend obstetric cases occurring in the practice of the Philadelphia Dispensary.

Office Students (one year), \$100.

The Association of Drs. ANDREWS, TOWNSEND, GROSS, and DEAL give daily *Examinations* upon the subject-matter of the lectures delivered in the *Jefferson Medical College*, in their *lecture-room and laboratory* in Butler's Avenue, immediately in the rear of the College.

Dr. T. H. ANDREWS, Anatomy and Practice of Medicine.

Dr. R. M. TOWNSEND, Physiology and Materia Medica.

Dr. S. W. GROSS, Surgery.

Dr. L. J. DEAL, Chemistry and Obstetrics.

Fee for the Course, \$30.

In connection with the Jefferson Medical College:

Drs. WARDER, MCARTHUR, LEAMAN, and HATFIELD will hold regular examinations during the winter months.

Fee for the Course, \$20.

Drs. KEEN, ALLIS, REX, LEFFMAN, and GETCHELL will hold regular examinations during the winter months.

ARMY AND NAVY MEDICAL SERVICE.

Dr. MEARS will continue the preparation of candidates for appointment in the Medical Corps of the Army and Navy. The requirements of the departments will be fully explained, and applicants will receive instruction in all the branches, principal and collateral, required by the Boards of Examination.

Candidates for promotion will be afforded opportunities for review and for practical instruction in Operative Surgery, Bandaging, etc.

For terms of instruction, or for further information, apply to
J. EWING MEARS, M.D.,
222 South Sixteenth Street.

PENNSYLVANIA COLLEGE OF DENTAL SURGERY.

(S. E. COR. TENTH AND ARCH STREETS.)

SIXTEENTH ANNUAL SESSION, 1871-72.

The Faculty consists of six professors, who are assisted in the operative and mechanical departments by two demonstrators and two assistants. The former deliver three lectures each per week, and occupy a portion of every Saturday in clinical operations. The hours from 9 to 11 A.M. and from 2 to 4 P.M. are occupied with the mechanical and operative branches, under the care of the demonstrators.

FACULTY.

- T. L. BUCKINGHAM, D.D.S., Professor of Chemistry.
 E. WILDMAN, M.D., D.D.S., Professor of Mechanical Dentistry and Metallurgy.
 G. T. BARKER, D.D.S., Professor of Dental Pathology and Therapeutics.
 JAMES TRUMAN, D.D.S., Professor of Dental Histology and Operative Dentistry.
 JAMES TYSON, M.D., Professor of Physiology and Histology.
 J. EWING MEARS, M.D., Professor of Anatomy and Surgery.
 ELIHU R. PETTIT, D.D.S., Demonstrator of Operative Dentistry.
 C. E. EDWARDS, D.D.S., Demonstrator of Mechanical Dentistry.
 W. R. MILLARD, D.D.S., Assistant Demonstrator of Operative Dentistry.
 A. B. ABELL, JR., D.D.S., Assistant Demonstrator of Mechanical Dentistry.

PRELIMINARY LECTURES AND INSTRUCTIONS.

The Dispensary and Laboratory of the College will be opened on the 1st of September, and during October preliminary lectures will be delivered. In this month, as well as through the entire session, a clinical lecture will be given, and operations performed by one of the professors, every Saturday afternoon.

THE REGULAR SESSION

Will commence on the first Monday in November, and continue until the 1st of March ensuing. The course is so arranged that about eighteen lectures will be delivered each week on the various branches taught in the College.

CLINICAL INSTRUCTION.

With the exception of Saturday, four hours are daily spent by the student in actual practice, under the supervision of the Demonstrators of the Operative and Mechanical Department.

A SURGICAL CLINIC.

For the treatment of diseases and injuries of the jaws, and for general surgery, is held by Prof. Mears, at 11 o'clock, throughout the year.

FEES.

Matriculation fee (paid but once)	\$5
For each Course (Demonstrators' ticket included)	100
Graduation fee	30

For further information, apply to

E. WILDMAN, *Dean of the Faculty*,
1205 Arch Street.

PHILADELPHIA DENTAL COLLEGE.

(NOS. 108 AND 110 NORTH TENTH ST., ABOVE ARCH.)

NINTH ANNUAL SESSION, 1871-72.

The Faculty consists of five professors, who are assisted in the operative and mechanical departments by two demonstrators.

The hours from 9 to 11 A.M. and from 2 to 4 P.M. are occupied with the mechanical and operative branches, under the care of the demonstrators.

FACULTY.

- J. H. MCQUILLEN, M.D., D.D.S., Professor of Physiology.
 HARRISON ALLEN, M.D., Professor of Anatomy and Surgery.
 D. D. SMITH, D.D.S., Professor of Mechanical Dentistry and Metallurgy.
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